SOCIAL WORK SERIES

THE SOCIAL CASE HISTORY

SHEFFIELD

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SOCIAL WORK SERIES

THE SOCIAL CASE HISTORY

ITS CONSTRUCTION AND CONTENT

By

ADA ELIOT SHEFFIELD 1869-

DIRECTOR, BOSTON BUREAU ON ILLEGITIMACY

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THE SOCIAL CASE HISTORY

I

THE PURPOSE OF A SOCIAL CASE HISTORY

THE nature of a social case history is determined by the kinds of purpose it is intended to subserve. From its subject matter down to the thickness of the paper it is written on, from the facts to be selected as important to mechanical devices for convenience, all questions relating to it must be decided in this light. The first step, therefore, in a discussion of the case record is to make clear the use we expect to put this document to.

Defined in terms of purpose the case history of today is a body of personal information conserved with a view to the three ends of social case work; namely, (1) the immediate purpose of furthering

effective treatment of individual clients, (2) the ultimate purpose of general social betterment, and (3) the incidental purpose of establishing the case worker herself in critical thinking. These ends did not originate at the same time with the first record keeping, but have come about by a slow development paralleling the development of social case work.

The Historic Stages in Record Keeping.—*Early stages reflected the immediate purpose.*—The stages by which case histories have widened their functions show a continuity in that they have preserved a common motive; namely, that of chronicling the practical activities of the agency in the case. There has been, however, a progressive enlargement of the conception of "practical activities." Case records of the first stage were hardly more than lists of names (often even without addresses), and jottings of money disbursed, of groceries and coal given, or of children taken for care. These old records reflect case treatment that would not be regarded as "individualized" in the modern sense. Since in a more primitive social order the things to be done for a client were

but slightly differentiated, histories were correspondingly meager. For example, the old books of a relief agency show the following entries:

Name*	Wood feet	Cash	Residence	Remarks
Mary Peters	2	1.50	City	Sick with cancer.
John Robbins	2	2.00	City	Broken leg.
Josephine Adams	1	1.00	City	Partly blind.
Elizabeth Carter	2	2.00	City	And 3 children.
Margaret Riley	1	1.50	Ireland	Drunk H. 3 ch. under 8.
James Smith	2	1.50	City	Sick, wife & destitute child.
William Jones	1	1.00	City	Large family.
Susan Miller	1	1.00	City	Widow, etc.
Marie Schmidt	2	2.00	Germany	Destitute.
Martha Campbell	1	1.00	Scotland	Aged and destitute.
Julia Williams	1	1.00	Maryland	Ditto.
Mary Winston	1	1.00	City	Ditto.
Walter Simpkins			City	Died this month.
James Davis	1	1.00	Ireland	Injured by a fall from a horse.
Winifred Waters	2	1.50	City	Lame & has an idiot son.
Annie Flanagan	1	1.00	Ireland	Widow, 79 in March.
Jessie Bryant	1	1.00	City	Very aged.
Michael Sampson	1	1.00	City	Non compos.
Celia Cohen	2	2.00	Russia	Wife of Joseph. Left her.

The above items are taken from records dating

* The names given here (as elsewhere in the illustrations) are fictitious.

1839 to 1841. These "remarks" of course do not represent all that the almoner knew about his needy people. Communities were small in those days, people knew their neighbors' affairs, and one did not have so many applicants but that he could hold the particulars of their situations in memory fairly well. It should be said that many of the same names appear again and again through the records. We smile at these "remarks," but time may bring a smile at our entries in turn.

A history of the second stage is a brief report of stewardship. This would include, in addition to the record of the previous stage, identifying facts, such as age, birthplace, religion, together with something of the client's story to show that the agency was not helping indiscriminately or with favoritism, that its staff were selecting the "worthy" on whom to confer benefits. As in the first stage, further details might be held in the visitor's memory. The following illustration is from a record kept by a relief agency from 1879 to 1885, and undoubtedly met the standards of that period:

Nov. 24, 1879. *Referring agency.* Very respectable appearing woman. Husband was floor-walker at Smith's store. Made good living but left nothing at his death 20 months ago. She was then living in Ohio. Sister living in New York advised her to come here as could get plenty to do. Is music teacher. Capable of doing many things if had work, but can't get it. Rent $5 a month. Absolutely suffering.

Nov. 24, 1879. *Vis.* Can teach music, crochet, and knitting. Earns $3 to $4 a week in busy season. Has $10 a month from father's estate. No aid, but little from friends. Not accustomed to poverty; little ability.

Nov. 25, 1879. *Vis.* Boys took mother's quilt for tent and then set it on fire. Teacher says Billy unruly and unreliable.

Dec., 1879. *Vis.* Spends money quickly, not always wisely. Poor manager.

Dec. 15, 1879. *Vis.* Boy set fire to shavings in an outhouse.

Dec. 19, 1879. *Vis.* Nephew gives $5 a month. No more aprons to sew.

Jan. 15, 1880. *Vis.* Eldest boy sent to training school.

Feb. *Vis.* Gone to Plympton. Boy reported doing well at training school. . . .

Feb. 1, 1884. *Vis.* Mrs. K. C. Ingles asks to have something done about the rent. Mrs. X. has trouble with varicose veins and is therefore prevented from working. Two boys earn together $4 and family seem in danger of being turned out. Sent for landlord P.M.

Mrs. X. herself comes, quite a ladylike person. Born in England and speaks like a Yorkshire woman. Says ownership of the building has been changed and settlement made with previous owner, but that advanced rent is called for by the present one. . . .

March 16, 1885. *Vis.* Mrs. X. asks more aid. A brother in Indianapolis in a large clothing store sends $5.00 or so every month. Another brother in Mexico sent about $10 Christmas. Son Billy is in Minnesota traveling with a photographic company. John lives on a farm for board and clothes. Mary at home. $5 received on 8th went partly for rent.

In this record the first two entries on November 24th, with possibly that on November 25th, represent the investigation. It is merely the woman's own story, with no evidence of any attempt to inquire deeper into her need. She makes a good appearance and is aided from time to time until she shows an inclination to lean too much on relief. Whether the one piece of "constructive" work noted; namely, the sending of the older boy to a training school, was done through the good offices of this agency or not is unstated. The history as a whole is apparently designed to justify the aid given or refused, as was the ledger

record,* the difference being that the fuller chronological statement leaves less to memory and evinces a conscious attempt at sizing up character in a rough way. This woman is "very respectable appearing," "not accustomed to poverty; little ability," "spends money quickly, not always wisely," "quite a ladylike person." These comments, however, lead to nothing more "individual" in the way of treatment than the occasional payment of rent or sending of coal. This excerpt represents the turning point from the second to the third stage of record keeping.

These first two stages served only the immediate purpose of record keeping—the furthering of effective treatment. This they did imperfectly, partly because in these stages case workers, as their histories show, confined themselves to only the most obvious of their clients' needs.

In the third stage agencies undertake to make their records demonstrate that their treatment of their client has been appropriately fitted to his need. This stage corresponds to an increasing diversification which has been taking place

*See p. 6.

through a number of years in the ways in which a worker can be of help to a client. The worker now expects not only to give coal and groceries with discrimination, but to concern herself with the clients' needs as to health, special training, diet, employment, and so on. Such an expanding function on her part is largely due to the growth of welfare resources in the community. Although by the middle of the nineteenth century a few charitable agencies, as they were then called, had been started in the larger cities to cope with the more obvious social ills, the resources they offered were meager as contrasted with the enlarged resources of modern institutions. Public authorities gave material relief in the home or care in an almshouse, where inmates were unclassified. Private provision for the sick and for dependent and wayward children—two of the earliest recognized needs—show little of the differentiation of treatment which marks the care in the hospitals, dispensaries, and institutions of today, with their numerous clinics manned by specialists both medical and social; or which a modern city provides for children through a baby hygiene asso-

ciation, milk depots, summer outings, truant officers, institutions equipped to study and develop the individual child, and so on.

These added resources touch the client's life at so many more points that the present worker becomes responsible for noting many more data than earlier workers had to note. She cannot use the various resources without ascertaining the whole range of facts that determine how they are to be applied. No visitor in a busy modern office can carry in her mind such details of one personal history after another.* Moreover, the fact that a modern case is apt to pass through the hands of more than one worker entails a special need of full data in the record. Workers change, and a

* One sometimes hears a worker claim that she can trust to her memory and does not need to record many facts. If there are people who can do this, they are so few as to be negligible. Memory is deceptive, and can easily persuade a well-intentioned person to think she is doing as well by her client as she means to do. The history shows up her efforts for what they have actually amounted to. Indeed, a discerning record reader can hit close to the mark in taking the records a worker writes as a gauge of the effectiveness of her work. It is not too much to say that a case work agency that keeps poor records is giving ineffective or superficial treatment to its clients.

substitute or successor must begin to be helpful to a client where the previous visitor left off, and with as little loss of momentum as possible; the visitor who knows the situation in a client's family may not be at hand when some emergency arises; an employee other than the visitor herself, who will often be busy with urgent calls, may have to give a quick summary of a client's history to some inquiring agency; or, in a large society the supervisor must have some compendious evidence for estimating the quality of work being done. Lastly, when social workers and agencies teem as they do today, the client, his relatives, employers, and so on, must be spared the repetition of his story to different people, as well as the agencies themselves the duplicating of each other's work that such repetitions mean. Since the third stage of record keeping is the prevailing one in the better societies today, most of the examples in this book illustrate one or another of its characteristics.

The fourth stage reflects an ulterior purpose.— The fourth stage of the case history is an emerging one. At this stage the record is a social spe-

cialist's report on a typical instance of social maladjustment. Where the earlier stages of the record marked the development only of its immediate purpose—the furthering of effective treatment of individual clients—the third and fourth stages mark the development of an ulterior purpose for case histories—the advancing of social betterment. In speaking of this as an *ulterior* purpose the writer does not mean to imply that there will ever come a time when the worker's first consideration, whether in her case work or in its recording, should not be the welfare of the client. The purpose of social betterment should not be thought of as superseding this individual claim; rather should it illuminate the case problem by constantly relating the difficulties of the one client to defects or maladjustments in the social order.

Records may further this ulterior purpose in several ways: First, they may afford a basis for the study of an agency's own work, such as the general types of need dealt with, the standard of care maintained, the co-operation with other agencies, and so on. Second, they may help to stan-

dardize the work of different societies. If an agency, without histories to show, claims to have all the children in its care medically examined, or all of them placed in well-chosen homes, or to be giving adequate allowances to all the widows under its charge, it cannot expect to be influential in bringing others to these standards with no evidence of its accomplishment. Although it is true that agencies within the same city influence one another's standards by conferring constantly about clients who pass from the care of the one to that of another, such conference is chiefly valuable when based on records which insure accuracy in the interchange of statement. Furthermore, well-ordered records make these standards clear-cut, bring them into the open for comparison and criticism, and play an essential part in forming a consensus of opinion on the fundamental requirements in diagnosis and treatment. The third way in which case recording may advance social betterment is by amassing evidence of typical maladjustment in such a way that it may be available when needed for legislation or for preventive work. The Committee on Social Insurance of the

Massachusetts legislature, for instance, a few years ago asked a number of the case work agencies in the state to submit what evidence they could get together bearing on the need for health insurance. The agencies had abundant evidence of the sort needed, which had been gained in the course of their treatment of families, but their histories were too far from being social specialists' reports on typical instances of maladjustment for the facts in them to have been recorded in a readily accessible way.

Preventive work of this and other sorts is based on the identifying of socially significant types of maladjustment. This identifying is what case histories should do. They should aim to show the social significance not only of physical, but of the borderlines of mental sickness; they should show how sickness of either sort affects the social welfare of the individual and his family; they should show also the typical combinations of character traits or of circumstance and character which make for various forms of dependency. Such an ulterior purpose for records as that of advancing social betterment will guide the worker

in selecting the facts of most importance to the client's situation. It will draw her attention to the facts that identify the types of need. The development of judgment in this selecting, from among the numberless facts which the worker learns about a client, of those which have significance for social treatment is for the case worker vital to her continued training; and, since the degree of discernment she exercises is accurately reflected in her records, these afford her a constant means of self-betterment. The recurring necessity for deciding what facts to include in the history, for ordering these facts in relation to one another, for reviewing and appraising her conclusions, render her increasingly skilled in contriving appropriate treatment. Her ulterior motive of making her histories convey the social typicalness of her cases thus furthers not only their immediate helpfulness to the client but their incidental efficacy in grounding the worker herself in habits of critical thinking.

II

A BASIS FOR THE SELECTION OF MATERIAL

WHAT facts should a case record include? Obviously those which are important, relevant, significant for treatment. All social case workers, whatever they conceive the ultimate purpose of records to be, would agree to this. Such a statement, however, hardly serves as a guide for one's choice from among a mass of facts, because at some period in the development of the given case any social fact may conceivably be relevant. The present writer has several times had the experience of displaying before a class an interview which seemed to her full of irrelevancies, only to find that some degree of relevance could be pleaded for almost any social fact at some possible stage of treatment. What we have to do, then, is to select such facts as appear to us to be for the purpose of treatment *relatively* significant—to have more significance or meaning

than others; in other words, we have to record those facts without which we could not decide upon and carry out effective treatment. But we become aware at once that "relevance for treatment" is a test of significance in facts that calls for further scrutiny.

Significance for Treatment.—A certain range of facts has come to be generally accepted among case workers as uniformly having significance for their purpose.* This range would include such items as usually appear on face cards: the client's name and address, the date and place of birth, the nationality, addresses of physician, employers, and so on. These are facts necessary for identification, for evidence in any court proceedings or law enforcement which the treatment may include, or for use as sources for obtaining information and advice about a client. The noting and recording of such facts, therefore, call for no act of judgment, no choice on the part of a trained worker. In addition to this elementary information, certain other types of fact are gen-

* Sears, Amelia: The Charity Visitor, Chap. II. Chicago School of Civics and Philanthropy, 1913.

erally held to be significant as bearing upon the client's prospects of successful citizenship. All agree that treatment in order to be effective is likely to have to take into account information concerning family history, health, employment, education, finances, character. Consequently it takes no acumen on the part of a worker to lead her to note *some* facts falling into these categories. The test of her quality lies in her choice as to which of the innumerable facts possible for her to get and record are those most indicative of the course she shall take in rehabilitating her client.

The fact and the key conception.—How are we to determine whether a given fact in a given case has value or significance? We must first inquire what we mean by "significance," what relationships for the fact constitute its significance. A fact gets its significance from some larger idea to which it points, and since that larger idea is a variable factor, the fact's significance must vary accordingly.* For instance, a keen and experi-

* "All knowledge, all science, thus aims to grasp the meaning of objects and events, and this process always consists in taking them out of their apparent brute iso-

enced worker was called in consultation on the problem of a widow with two children who had been receiving an allowance for some years. The woman had steadily declined to move from an unsanitary and inconvenient tenement, giving one reason and then another for not availing herself of better quarters that were found for her, or of moving expenses that were promised. The consultant worker urged that careful inquiry be made into the woman's character. She remarked that in all her long experience she had never known an instance in which the explanation of a woman's apparently unaccountable obstinacy in holding on to an undesirable dwelling place had not finally come to light as being something discreditable in her mode of life. At the same time she recognized at least two other explanations as being possible: one the home sentiment, the other inertia. Many a woman and man has come to feel the sentiment of home for a spot to which

lation as events, and finding them to be parts of some larger whole *suggested by them*, which, in turn, accounts for, explains, interprets them; i.e. renders them significant." Dewey, John: How We Think, p. 117, D. C. Heath, 1910.

no one else can see anything but drawbacks; and everyone at some time in his life clings to outworn ways rather than go to the trouble of change. Immoral conduct, home sentiment, inertia are all then possible "larger ideas" or "concepts" in relation to which the bare fact of this woman's not moving may take on significance. Now the "significance" which each of these concepts gives consists in the linking of this fact to other facts or ideas which are thereby brought under view. For instance, the concept "immoral conduct" links the widow's declining to move with a doubt which existed as to the legitimacy of her youngest child, and with a certain indefiniteness as to how she supplemented her allowance. If her obstinacy pointed to such wrong-doing, it connected itself in thought with these possibilities and with others, such as her state of health. On the other hand, if it indicated home sentiment, it implied emotional stability, a domestic trait, and perhaps a sense of unity with the neighborhood.

In order to grasp the full significance of a fact, the thinker must first have identified the whole group of items that each conception relates it to.

His conceptions, that is, must be full and distinct. A partly trained investigator, for instance, noting the fact that a child is pale, may at once associate it with her as yet incomplete conception of bad personal hygiene, within which paleness is related to sleeping with closed windows, lack of exercise, and underfeeding. She may thereby miss the items actually operative in the case of the child in question—say *insufficient* sleep and feeding upon *innutritive* bakery stuffs—because her conception of bad hygiene has been lacking in one item about sleep and vague in the item about feeding. An investigator, therefore, can count on grasping a fact's significance only when her training or experience has supplied her with conceptions so copious and exact as to focus all the fact's relations.

Treatment implications in the concept.—When one is confronted with a doubt as to the significance of a given fact, or, in technical phrase, with a choice between conceptions or "larger wholes" which may give several possible significances to what would otherwise be an isolated fact, this choice is determined by one's purpose. The case

worker's purpose is of course social rehabilitation. It is evident that social rehabilitation makes her find the significance of each fact in a concept charged with treatment implications. Her theory is simply the obverse of her practice. To illustrate, given a case of needy old age, the worker will find the significance of its facts to lie in their consequences for treatment, so that she describes it, say, as "self-respecting, not yet infirm, *calling for an allowance*," or as "dissipated-senile, *calling for the almshouse*." Take the following instance of old age found in the records of a family agency:

May 5, 1916. Called on Miss F., living in small room, clean, but untidy. She says her father had a grocery store in X———. He died many years ago, leaving insurance and goodwill in store which gave them $2,500 in all. Miss F. was teacher in primary grade for thirty years till her mother became an invalid. She had then to give up work. Constant doctor's bills and an expensive last illness used up all their savings. Her only relative is a first cousin who is married with grown children. He lives in the far West; she has not heard anything of him since her father's death. She is a member of the Baptist Church, has not attended service since her mother was so sick, because had to save strength for nursing. Her mother was heavy and had to be lifted.

Miss F. is slight in build, no ailment, strength used up by hard work. Thinks she could do a little sewing, is a beautiful embroiderer, but has to take her time. Has one old friend who lives nearby and who sometimes gives her food. Otherwise has apparently led a lonely life. Appears nervous and fidgety.

Every fact in this interview is significant, because taken together with the other facts it points toward treatment. Probably anyone would agree that the treatment foreshadowed is an allowance for this old lady. Had this been an interview equally full which gave no slightest hint as to whether the case was likely to prove one for an almshouse or for an allowance, we should certainly say that the worker had noted facts which lacked significance. Conversely, when we speak of "trying out" different forms of treatment, we must understand ourselves to be at the same time testing the validity of different tentative conceptions.* We might try giving this old lady an allowance, find she was unable to care for herself, and conclude that our conception had been wrong

* Such conceptions would be tentative diagnoses. See p. 144.

and that she was of the type "self-respecting, infirm, *calling for old ladies' home.*"

In further illustration of the fact that significance in case items lies in their relevancy for treatment we may compare the following excerpts from two histories:

Nov. 8, 1914. Mrs. D. applied at office. She gave visitor name of Mrs. X. and Mrs. Y. She offered these as references and told visitor that she did not expect any aid today as she wished to give time for investigation. She felt that it was not necessary to tell anything else about herself, and that as long as visitor had names of two references, that was all that should be required. After she had talked for awhile she seemed greatly surprised that she and visitor should have anything in common to talk about, and said that she had not expected to talk in this friendly fashion, as she supposed everything would be quite businesslike.

This interview is with a stranded old lady. The only facts it contains which are important for treatment are the addresses of the two references and the absence of any emergent need for aid. All the rest of the paragraph is concerned with the circumstance that the client has betrayed a common misconception of organized

family work, which of course it is the visitor's duty to make every effort to remove in order to get her confidence, but which in itself can make no possible difference in determining the correct diagnosis and appropriate treatment of the old lady's need. The choice between care by relatives, an allowance, an old lady's home, or the almshouse as the best solution of her troubles will be independent of her understanding of modern social work methods. The visitor's success in persuading her client to accept any one of these suggestions will depend in great part on her winning the old lady's confidence. Since, however, this is true of every case whatsoever, it is only when there is evidence that the visitor is succeeding or failing to do this in an unusual degree that mention of it needs to be made in a history. All matter, therefore, succeeding the first three sentences of the above interview, is irrelevant or without significance for the purpose of social rehabilitation.

Dec. 24, 1915. District Nursing Association (Miss X.) refers. Their nurse has been in twice to see the baby

and has found no fire. The home looks very poor and Miss X. feels that an investigation should be made today.

Dec. 24, 1915. Visitor called at 3.30 p.m. and found children sitting around a red-hot stove. Mrs. S. had just shaped four large loaves of dough which were ready for the oven. Two rabbits hung outside the window, and Mrs. S. said that they were to make a Christmas dinner for the family. A quantity of clothing which had been washed hung from the walls of the kitchen, the line on the roof being three flights up. The three rooms (on the first floor) in which the family live all open on courts or alleyways which admit no sun and insufficient light. The tenement is not a decent place in which to live. Its general gloom is increased by the untidiness within the rooms.

In this interview, every fact given has significance for treatment. The red-hot stove at 3 p. m. following upon no fire throughout the morning suggests that Mrs. S. may be ignorant or careless about tending drafts and using coal so as to get the most heat out of it and at the same time to save the stove, to guard against fire, and to keep an even temperature for the children. Also her having so hot an oven just as she was about to put in her bread shows that she does not know how to bake. The wet clothes hanging where

they will get as little airing as possible, where moisture will enter any crack in the walls, and where the consequent dampness in the room would favor germs, not to say vermin, and would be proportionately bad for little children, the untidiness of the rooms themselves go toward corroborating the conception "incompetent home-maker." The lack of sun and of light indicate "bad housing." If the mother could find a better tenement and has not bothered to do so, this would again tend to confirm the hypothetical conception of an incompetent home-maker. Both poor home-making and bad housing are conceptions of the first importance for the treatment of "family problems," as they are called. A choice of interpretations of this mother's shortcomings lies between ignorance and carelessness, or between poor home-making that can be remedied and that which cannot. More facts, got through experiment perhaps, would have to determine the decision. In getting these additional facts the visitor would have in mind the alternative treatments: (1) sending a visiting housekeeper to give careful instructions in the home; (2) this failing

to bring improvement, a mental examination with the separation of the children from her as a possible outcome. The visitor would not *decide* on either of these methods, but would be guided by the thought of their *possibility* to noting any further facts which showed that an instructive visiting housekeeper was needed and would be reasonably successful, and at the same time any facts which showed that the conditions found on that one day were indicative of a more serious neglect than could be attributed to ignorance alone. Should such a family situation occur in a town which had no instructive visiting housekeeper, no doctor with experience in diagnosing mental disorder, no provision for neglected children, a visitor who thought only of the individual case would not get the facts needed to decide on any of these treatments. They would not seem significant to her, because she could not put them to use. Aside from the possibility of getting some slight training for the woman from a volunteer, the one decision before her would be to give or refuse aid, and the only facts she would need would be those to help her in this decision.

If, however, she had been previously trained, she would carry with her to this town social conceptions which would give an ideal significance to the further information. It would then be the visitor's duty to accumulate enough thought-provoking facts to bring her new community to the point of providing care for neglected children, home training for mothers, and so on. This purpose would give significance to matters that under other circumstances might have had none.

Vague concepts and a growing science.—Some concepts are vague in the case worker's mind simply because she is ignorant, or inaccurate in her habits as an observer. The cure for such vagueness must lie with the worker herself. Once trained to be alert to the symptoms of cloudy thinking, the worker can do much to correct it in any instance by a careful review of the case history as it lies before her. Other concepts, however, are vague because certain of their component factors, although fraught with consequences for treatment, have not yet been identified by the collective social thinking of the community. The vagueness here is something that the worker must

note as marking the skirmish line of a coming advance in social science that some day will react upon case work. Compare, for instance, the concept of "bad housing" with such a concept as "family incohesion." A worker of any training or experience is hardly excusable for not having identified the factors that enter into bad housing. On the other hand, a worker who would interpret certain case symptoms by the concept of "family incohesion" would probably fear lest the term suggest to other workers different component ideas than those she identified with it. The concept is vague not by fault of her analysis but by lack of corroboration in analyses offered in scientific studies of the family group. Of various possible factors—weak parental instinct, self-assertiveness, obtuseness to conventional sentiment, incompatibilities in endowment and inequalities in success, and other forces too elemental and instinctive to be accurately named—some are ideas which the workers can hold only tentatively, expecting them to be either confirmed or revised as social thinking advances in her profession. The following interview from a

history in a family agency shows the occurrence of "incohesion" as a vaguely characterizing idea awaiting analysis in terms of ascertained factors, such as uncongeniality, unequal status, and so on:

Feb. 12, 1911. Called on woman's sister, Mrs. Victor James, 24 Federal St. Mrs. James' apartment is well furnished, in a good building. She said her husband was a carpenter, works for Willard Bros. Her two children came in from school while visitor was there, both well-dressed, healthy-looking, with pleasant manners. Mrs. J. said she had not seen her sister for six or eight months *as they do not seem to have much in common.** She goes to see her once in a while, and has given her clothing to make over. Mrs. Phillips is not handy and doesn't make the most of what she has. Her children always look shabby even when her husband has work. Mrs. P. finds fault because Mrs. J.'s don't go with hers at school, but Mrs. J.'s are older and have their own friends. It would be impossible for Mrs. J. to take one of Mrs. P.'s children even temporarily. All her rooms are in use and it wouldn't be right to her own children or to her husband. Neither could she give money, as it costs a great deal to bring up two children.

The "incohesion" between these sisters bears probably a complex explanation. A lack of con-

* Italics not in the original.

geniality plus a difference in means is sufficient to account for it, but uncongeniality calls for analysis. A worker who recorded these facts not merely because she put them to an immediate practical use in organizing relief for her client, but because she had this imaginative forevision of possible meanings, would be alert to catch facts which count towards giving us a clearer notion as to what family cohesiveness or the lack of it consists of in general. Towards this concept the knowledge to be sought, calling as it does for scientific analysis of sentiments and emotions, must come in the first instance from students of psychology. It should be the part of social workers, by noting down character facts, to make their own contribution to some of the social aspects of such conceptions. Their case records, in that case, will come to stand as the evidence of this contribution.

A prerequisite of any advancement of knowledge, or of the identifying of the component factors of a conception, is that one should be aware of one's vagueness. The concept "immoral girl" for instance, has at certain important points

an ambiguity to which people are often oblivious. Is any lapse of chastity "immoral" regardless of circumstances and of the degree of sentiment enlisted, or are there many different degrees and sorts of wrong-doing jumbled vaguely together in the common idea of immorality? An awareness that distinctions of sex misconduct significant for treatment are lost sight of under this term must precede any inquiry into the nature and validity of these distinctions. There is no more urgent task before the reflective social worker than that of bringing to light the vagueness at innumerable important points in our social thinking.

The reason why a conception like "family cohesiveness" is vague is that the recurrence of the facts pointing to it has not been heeded in connection with the other facts that gradually come together to clarify the dawning concept. Specific cases of "family cohesiveness" have been felt as bearing a vague significance, but their recurrence has not been sufficiently scrutinized in relation to accompanying facts to give them clear import. It is a social conception in the forming. The mere

recurrences, as such, do not guarantee that it will ever have social significance, because many recurrent facts have no consequences for the case worker. On the other hand, in order to be significant a fact must be recurrent; else it suggests no relations of cause and effect to be counted upon.* For instance, we have not noted the recurrent cases where a difference in means accompanies a separation of near relatives. If the instance given above is isolated, if there are few or no similar cases, then this fact of the difference in means between two sisters has no significance: it contributes nothing to the conception of "family cohesiveness." Social workers, therefore, who would advance knowledge in their calling, need to be on the lookout not for recurrence in itself, but for recurrent facts which their

* "Familiar acquaintance with meanings thus signifies that we have acquired in the presence of objects definite attitudes of response which leads us, without reflection, to anticipate certain possible consequences. The definiteness of the expectation defines the meaning or takes it out of the vague and pulpy; its habitual, recurrent character gives the meaning constancy, stability, consistency, or takes it out of the fluctuating and wavering." Dewey, John: How We Think, p. 125. D. C. Heath, 1910.

imaginative foresight leads them to divine as indicative of stable consequences important for treatment. In short, they should frame a hypothesis as to what the given fact means, and then search for confirmation or disproof in its recurrent instances. A fact which has importance for treatment in one case is apt to recur in other cases and therefore to develop social significance, since human nature is subject to laws of character (however imperfectly understood), and since social conditions bear upon whole classes of men. Should it appear in the illustration of the two sisters before cited that their difference in prosperity, by making against the sense of self-importance of the poorer and against the vanity of the more fortunate sister, was a constant source of irritation between them and so affected treatment, then we should expect to find that this fact would prove to affect treatment in other instances also. In this case, its recurrence, noted in one record after another, would show a difference in means as pointing to the conception "lack of family cohesiveness."

Conceptions and preconceptions.—The number

and variety of concepts which a worker entertains depends partly, as shown, upon her education and her special training, and partly upon her readiness to allow for her own prejudices. Prejudice is apt to limit the hypotheses which a worker admits into her mind. If she feels impatience with a soft attitude toward wrongdoing, her mind will discard offhand the hypothesis of mental disorder as an explanation of laziness, and will hold before itself only that of wilful self-indulgence. In consequence she will not be receptive toward the other component factors of the conception "disordered mental condition" but will instead be alive only to those that go to make up the conception of "contrariness." In other words, prejudice will have limited her to one instead of two possible explanations of her client's difficulty. The following passage from an interview suggests that the worker's inquiries had been inhibited by an unconscious bias:

May 25, 1913. Called on man's brother, who said the trouble with man was he didn't like work. Brother got him a place where he is employed himself. For a few days man did splendidly, then he began to get in late and

to dawdle over his job; finally, didn't turn up for two days. Brother found he had stayed in bed late and then went out, his wife didn't know where. This is the second time brother has got him a job which he hasn't taken the trouble to keep. He has a way of stopping work and mooning that employers won't stand for. He ought to be put at hard work by the state and the money given to his wife. Brother says his sister-in-law is a good woman and has done more than her share for the family. The only trouble with her is she will stick to man.

The foregoing, it is true, reveals prejudice on the part of the brother interviewed; nevertheless had the worker been informed and open-minded, she would probably have obtained from this brother a statement as to whether the man had always been like this, or whether he had done better at any previous time; and possibly also particulars about his "mooning"—just how he behaved, how long ago this behavior began, and how often the lapses occurred. A prejudice for or against either of the explanations that might suggest themselves in this case would close the visitor's mind to a fair consideration of the claims of the other. The visitor should hold the several possible meanings waiting in her mind, adding to her facts first

toward one then toward another, until she finds in the family history the group of facts corresponding to those that make up the notion "disordered mental condition" or "contrariness."

This familiar state of mind known as suspended judgment, often thought of as an inactive condition, is really the reverse; it is an active seeking for truth, whereas prejudice is a refusal to think in certain directions. The prejudiced mind feels active merely because the emotions enlisted in behalf of its object are active. A lack of awareness of her prejudices on the worker's part interferes with her fitness to write a "social specialist's report on a typical instance of social maladjustment." The development of this fourth stage of record keeping demands open-mindedness in the specialists who are to do the reporting.

III

DOCUMENTS THAT CONSTITUTE THE HISTORY

THE purposes of social case work call for the use of different documents for recording information, each one of which serves its own subsidiary purpose.

The Face Card.—The face card is a blank form for registering a small range of outstanding facts which are in most constant use. This form at one time was the whole history, even of agencies doing a high grade of work; it is still the whole history in many agencies which for one reason or other are not equipped to render intensive service to their clients. When so used it corresponds to the second stage in the advance of social case work.*

This face card has two main purposes: to identify each case, and to present its basic facts in a way that enables the reader to get a skeleton

*See p. 8 sq.

outline of the social situation at a glance. For the first purpose those facts which are permanent, which will not change with any development in the social situation, must stand out: i.e., names, date and place of birth, nationality, previous addresses. This the face card does satisfactorily. For the second purpose a few of the most important facts which alter or fluctuate, such as wages, physical and mental condition, school grade, occupation, or even habits, have been included by many agencies. This inclusion has the serious disadvantage that any or several entries may be untrue a month after they have been written, in which case they had better not be there at all. It is of course possible to make a new face card at intervals, when a number of these facts have changed.* The question then would be, how many and what facts must change before it is worth while to rewrite the whole card. At any given moment some one untrue statement on an important point might stand unrevised until enough information had become obsolete to justify this labor. Agencies will probably disagree

* The Minneapolis Associated Charities does this.

as to whether or not the time spent in making new cards is offset by the added convenience of having a fuller outline at hand for ready reference. A greater convenience it undoubtedly is, especially in a large office. Where an agency deals with hundreds of clients in a year, a supervisor cannot know their varying histories, and must be able in case of inquiry or emergency, or indeed for supervision itself, to get a rough sketch of a client's setting in a few minutes. In a society in which the treatment of clients is considered by a committee, the members of this committee need to get a few outstanding facts, in order that details which they then learn later from talking with the visitor or from reading her story of the situation may fall into place, ranging themselves in an orderly way as related to the especially significant facts conspicuous upon the face card. Even the visitor herself who is dealing with many families or individuals needs to be able to bring the particulars of the story quickly to mind by looking over the items on a well-kept face card. Since she knows just what spot on the card to turn to for any fact wanted, it saves her the time

of looking through the narrative. This fuller type of card, however, which includes some changing facts, serves supervisors, committees, or visitors in no different way from the card that gives only permanent facts; the choice as to convenience is solely one of degree.

Besides these two main purposes, the face card has certain incidental uses. It serves as a basis for making out statistics. Some of the items entered on the face card under "occupation," or "read and write," or "civil status," for instance, may represent what is really a compromise term for a fact which otherwise could not be briefly stated. A man may have been a textile worker for years, but have just started farming because of his health. Which shall we call his occupation? He may not long continue a farmer, and yet should not return to the mill. We decide to call him a spinner. The statistical worker will then take this from the face card as his occupation and be spared the prohibitive task of making all such decisions herself. Again, take the item "read and write," which is on many cards. A man may read and write only Russian, or he may write his own

name and read a few frequently used words either in Russian or in English. This cannot all be put on a face card or be included in statistics. Therefore we compromise and say he reads and writes. Of course this means that some of the facts on a face card or on any such hard and fast form are not accurate without qualification. Such compromise truth in a scattering of cases does not invalidate generalizing that is based on thousands of cases. It does matter to the treatment of the individual client.

Another and important incidental advantage of the face card is the spur it affords the worker herself toward getting those facts which are always essential for treatment. When a visitor has not obtained the information called for by a blank form, the omission stares her in the face. Every time she looks over the card she sees she did not verify a marriage or find the employers' names, etc. The items on the card, as she fills out one after another, tend to become fixed in her mind. She may even have a mental image of this card coming and going before her while she talks with the client. This need not prove, as might

appear offhand, a screen between her and her clients, but rather may be merely a visualizing of certain significances fundamental for social case treatment.

Most case work agencies use a face card, varying the items it includes and their arrangement according to the type of case work they deal in—child welfare, medical social service, probation—and according to local needs or individual judgment. A very few agencies, however, have given the card up entirely, preferring to use the narrative form for all matter whatsoever, from dates of birth to the facts showing in what sort of family a wayward child should be placed. This they do partly because of the impossibility of qualifying the facts recorded on the face card, and partly because of the likelihood that items entered there will merely repeat items in the narrative.* Finding that under pressure of work their visitors or stenographers do not always keep the face card up to date, and that therefore the facts they include in the narrative are more certain of being accurate, their general secretaries

* See p. 70.

reason that the face card is superfluous. The question is whether the drawbacks that attend the careless use of this document outweigh its merits.

The lack of a face card has two disadvantages: one is that it may lead workers to forget to secure or record some of the elementary facts of social case work; the other that it entails hiding away addresses, the insurance premium, the client's occupation, etc., in the long narrative history by obliging the worker to place these constantly needed facts in with other matter. The worker cannot give time to hunt through a whole record for a man's age or wages. This difficulty can be obviated to a great extent by paragraphing* the narrative matter under headings or marginal captions such as: Employment, Education, Health, Relatives, Finances. The latter method, to be sure, means that if you want to know merely a man's wages, you may have to read through a whole paragraph under the heading Employment; if you need to know a child's school grade, you search under Education. While such reading

* See p. 107.

takes a little longer than a face card requires, it has the possible advantage that it obliges the visitor to review a range of closely related facts about her client instead of noting just one isolated fact. One supervisor prefers to use a face card calling for but few facts, since this forces visitors in making decisions to take into account not merely the face card facts and what they chance to suggest, but to consult the narrative record and so get the whole context of the client's history.

In planning a face card it is well for an agency to bear in mind five requisites: (1) that it should be simple enough for the eye to take in its contents rapidly; (2) that it should keep facts of a similar sort contiguous to each other—all addresses at one side or end of the card, birthplace and nationality together, and so on; (3) that so far as is possible it should include only permanent facts; (4) that it should include only facts which can be accurately stated without qualifications calling for space; and (5) that it should be plotted out so that entries can be made by typewriter. The third requisite is often compromised with by

giving space for employment, for addresses, for other members in the household, and for school grades,—all these being facts subject to more or less change with time. A narrow column may be included to give opportunity to check-mark the verification of birth and nationality data, court record, marriage, divorce, legal separation.*

The Narrative.—The addition of a narrative sheet to the face card marks the transition from the second to the third stage of record keeping.† As its name implies, the narrative sheet is the client's story told more or less in narrative style. Whereas, when social case workers went no further in differentiating treatment than to give $1.00 rather than $2.00 worth of groceries or than to send coal instead of food, their record needs were answered by a ledger or a schedule; once they began to diversify their treatment of clients, adapting methods to different social situations,

* The Charity Organization Department of the Russell Sage Foundation has recently published a new face card (form C.O. 64) a sample of which can be obtained by applying to the Publication Department of the Foundation.

† See p. 11 sq.

they found themselves using a sort of fact which could no longer be stated in one line of a ledger or in one compartment of a blank form. For a decade now, and in all the larger and many small cities, every year has added to the variety of community resources adapted to one sort of need or another* and has thus increasingly facilitated the delicate adjusting of treatment to individual client. Each such advance gives significance to a new set of facts. Diversified provision for the treatment of sickness, mental as well as physical, of unemployment, non-support, widowhood, etc., all mean an increase in the number of relevant facts which the worker may need to record in a given instance. This follows from two reasons: first, every added community resource arises from and therefore helps to identify a different type of social need. In a state which does nothing in the case of a non-supporting father but put him in jail, the only relevant facts for the case worker would be those to determine whether his family

* From March 7, 1910, to Nov. 30, 1916, the Massachusetts State Board of Charity granted charters to 309 charitable undertakings of one sort or another.

situation and the public morals would be benefited by his imprisonment; in a state which provides several different sorts of treatment for different types of non-supporting father, the worker must get enough facts about a given father to identify the type of non-support which he represents; confirmed deserting non-support (prison with payment of earnings to wife), incompetent non-support (training or mental examination), non-support associated with slack home-keeping or quarrelsomeness on the wife's part (training and supervision for the wife), and so on. Second, it is because every added community resource for the care of maladjusted persons, every new hospital, school center, child welfare society, or other agency, may mean an added social contact of significance to the worker's client. She must learn and record what has been her client's contact with hospital, school center, child welfare society, because these contacts all enrich and modify the life and character of the client and therefore must be considered in diagnosis and treatment. The narrative history,

therefore, grows steadily in bulk and in importance as social resources multiply.

This narrative history is itself divided by some of the children's agencies into one narrative for investigation and one for treatment or placing-out of the children taken for care. The division corresponds to a division (made for time saving) of the office force into a department of investigators, or social diagnosticians, on the one hand, and of placing-out visitors on the other. Under this arrangement the placing-out visitor who, in the course of her special work of supervising boarded-out children, obtained facts bearing upon diagnosis, or relating to the family as a whole as much as to the one child in her charge, would enter them not in her own narrative of placing-out, but in the investigation narrative. The division makes it possible to have a separate narrative for each of several children in one family, while the same investigation, which covers of course the family situation and background, serves for all.

The Budget Sheet.—Mixed in with the narrative one often finds a statement of the family finances:

income, budget, and relief. In the writer's opinion, this matter should be brought together on a separate sheet. This sheet might be the back of the face card, or it might be combined with some other special sheet. The important thing is to have all money items together in bookkeeping columns, so that they may be compared with each other readily. Where they are lost in a mass of other material, there is constant danger that relief will not bear the right relation to income and need. Practically it means that relief is apt to be insufficient. Anyone familiar with case histories has seen many from which it would be impossible to tell without long study what was the income or how much aid was being given. Budget making, of course, we are but just arriving at. The recording of these items in one place so that they and the relation between them should stand out clearly would have several good effects: (1) It would show when a worker did not have these necessary facts and in that way would spur her to get them; (2) it would discourage purposeless stop-gap giving by making it conspicuous and would tend in the same way toward

more adequate relief; (3) if budgets were estimated under a dietitian, as they should be, it would lead to a more equitable standard of relief as between different families. The writer recalls one meeting of public relief visitors at which it came out in discussion that families made up of a dependent mother with three children were being aided according to at least three different scales of living. Although there might have been variations in the age, health, and other items relating to these mothers and their several families that would have justified the apparent inequity, the visitors who were giving the relief had not taken this into account. Each of them had formed his own general idea as to what it cost to feed, clothe, and shelter a woman and three children.

The budget sheet, then, should include: (1) the family's income from all sources, including relief; (2) their property status, including real estate or savings as balanced against debts; and (3) their outgo. The outgo items ought to comprise both the actual expenditures, as kept track of by the family, and a budget estimate as made out for this special family by a dietitian. Neither

of these estimates will always be possible to get. To induce hard-worked mothers to keep weekly cash accounts, even for a short period, is apt to be a difficult task—often one impossible of accomplishment. It has been done, however, in a certain number of instances, and could undoubtedly be done in more if the effort were made. To get budget estimates that are based on scientific knowledge requires a dietitian, and dietitians are not everywhere available. Nevertheless, a careful common-sense estimate made by a worker who has informed herself on some of the rudiments of feeding and of apportioning a small income is a fair substitute.

This sheet, if kept for all allowance families, ought to afford an accurate estimate of how far short the available relief funds fall of maintaining a reasonable standard of health and decency in the family life. A comparison between estimated budgets and the actual expenditure of income and relief together, by showing an inadequate outlay for food, for instance, would make a convincing appeal to the public for increased funds.

Several objections may be offered to having

this separate budget sheet: (1) In order to get a picture of the client's total situation, it makes one more sheet to look at in addition to the narrative. But although this operation takes a moment to do, it requires much less time than does the present hunting and rehunting for material scattered throughout the whole record. (2) It may take too much time to keep up such a memorandum. This, however, could be done by a competent stenographer, and even if it did take more of the visitor's time, it would more than offset this drawback by the clearer thinking it would lead her to do—a gain of some importance when one reflects that cloudy-mindedness in social case workers on the subject of their clients' finances does not commend their services to donors. (3) A separate conspicuous sheet may tend to make workers emphasize relief-giving in their efforts for families at the sacrifice of other forms of treatment; it may lead them to overlook needs for vocational training, for change of occupation, for amusement, and to rest satisfied with the giving of an adequate allowance. This hardly seems a valid objection. What the sepa-

rate budget sheet could do is to make the worker think clearly on this special topic. Obliging her to clarify her thoughts on one aspect of a client's difficulty does not mean inviting her to show vagueness on others, and provided she is recording his industrial and medical needs as clearly as his financial—and why should she not?—she will hardly be apt to overlook the more fundamental service to her client.

The Medical Sheet.—A separate medical sheet is in use by the better child welfare agencies. This sheet calls for a thorough physical examination, with space usually for remarks and recommendations, subsequent examinations and treatment.* Family agencies which deal with sickness as much as do children's agencies, might follow this example. Since the idea is spreading that every citizen, even though apparently robust, should be overhauled by a physician at intervals in order to prevent unrecognized weakness from developing into troublesome disease, it may not seem uto-

* Ralph, Georgia G.: Elements of Record Keeping for Child-Helping Organizations, pp. 47–54. Russell Sage Foundation, 1915.

pian to suggest that every individual in the care of a family agency should receive a medical examination and have a separate medical sheet, so far as the time and persuasive power of the worker permit. Although the time of the worker and the scepticism of the client will make the suggestion but slowly realizable, the medical information that such a step puts at her command would—as has been shown by the child welfare agencies—at once prove the basis for more effective social work. The lack of such a foundation for advice as to occupation, training, place of dwelling, or even as to the relationship between members of a family stands out in many a conscientious history.

On cases of recognized sickness whose supervision does not call for special skill, a number of non-medical case work agencies are doing a considerable amount of medical social service. When they already have the confidence of the families, or when the service required is as much or more social than medical, this seems a good arrangement. In order to do it well they should have from the physician in charge (1) his diagnosis ex-

pressed in untechnical words; (2) his prognosis so far as he is willing to make one; (3) his directions for oversight, given in sufficient detail to be readily followed by the layman. The medical sheet should be made out and kept up either by the doctor or under his direction. Busy men cannot always stop for clerical details, but the social worker can get either directly from the doctor or through the medical social service department (where there is one) an exact statement which, needless to say, she should record precisely as she receives it.

The Summary.—Even with a budget and a medical sheet on which to draft off money and health items, the narrative history of clients who are in the care of an agency for years grows to such bulk that it becomes a matter of hours to read it through and of added hours to interpret it. The records of a children's agency, which takes children in infancy and keeps them under supervision until they are established in self-support, or those of the family agencies which follow a deserted mother until her children are taking care of her, often amount to small books. The ap-

praising of so much material is for most practical purposes nearly out of the question. For this reason certain agencies have made "summaries"* of their records from time to time. These have been written into the body of the narrative, commonly in red ink to distinguish them from current entries, or they have been put on separate sheets —one for each summary made. These digests, as indicated, are convenient for quick consultation. This facility is worth considering (1) wherever the visitor in charge of a number of clients is likely to change, so that a new person must take up the work with these same people without having had time to acquaint herself with their histories in detail; (2) wherever a case committee must make recommendations on clients it has known for years; or (3) wherever the society must answer inquiries about a family or individual from some interested person or other social agency. For the use of the agency itself summa-

* A summary in social case recording is a digest of significant facts in the client's history. The diagnostic summary differs from the usual form of summary by stressing the conceptions to which these facts point.

ries should be made periodically, and should be condensed statements of the progressive development in the client's situation. The "diagnostic summary" recommended by Miss Richmond* will probably be the best method for periodic statement, and, together with duplicate copies of the occasional ampler summaries written for other agencies, will make it possible for the reader to get an adequate résumé of the client's history. Indeed, the writer believes that the diagnostic summaries alone may be sufficient for the needs of the agency itself.†

For the use of other agencies to whom the first agency has transferred a client or who are co-operating to give the latter some special form of care (mental examination, temporary boarding-out of children, prosecution of non-supporting man), the ampler summaries will probably always have to be written. Some co-operating agencies want in this document, besides identifying or permanent facts, only such a condensed

* Richmond, Mary E.: Social Diagnosis, p. 361. Russell Sage Foundation, 1917.

† See p. 151.

narrative as will enable them to decide whether or not they shall themselves take up the case for attention. If they decide to take it up, they then wish, if possible, to read the whole history of the first agency themselves. They believe—and undoubtedly often with justice—that no one else will select from the history the facts which they will find most useful in their own special field. This belief surely points to gaps in the training of social case workers. Visitors in children's agencies ought to know enough about legal evidence to make an adequate statement about a delinquent boy to a society for preventing cruelty to children, just as the secretaries of family agencies ought to understand child welfare work sufficiently to select the pertinent facts about a delicate child they are asking a child-helping society to place out for convalescent care. A serious gap in training shows again when an alienist feels that he must take time to go through the whole of a social history because he finds so few case workers who can pick out the sort of facts that bear on mental disorder. The writer has seen summaries on cases of children made out for a physician

which contained not one fact, except that of illegitimacy, that indicated why the case had been referred for examination, yet on turning to the record she found a succession of significant incidents which any psychiatrist would have wished to consider. These failures to select significant information may sometimes be the result of haste, but in most instances they probably point also to ignorance as to the kind of facts which must determine the action of a co-operating agency or specialist.

There are co-operating agencies, however, who expect a summary to be full enough so that they need not go to the trouble of reading the history of the referring society. They regard the making of a summary as an important piece of co-operation over which any society should expect to spend enough time to insure its containing the facts to indicate all the social concepts which the first agency sees involved in the case. Of course, once made, the same statement can be used again and again, so long as the client's situation continues substantially unchanged, minor developments being easily added. These summaries,

therefore, become a permanent and often much used part of the case record.

FORM OF SUMMARY FOR CO-OPERATING AGENCY

Referred For temporary placement of John, a wayward boy, pending removal of family to better neighborhood.

Name John Morey, born Chicago, August 16, 1907.

Family Father, John Morey, born 1883, Ireland. Mother, Ellen Jackson, born 1886, Reno, Ill. Irish parentage. Marriage verified. Chicago, Sept. 20, 1906. Address ————. Brothers and sisters: Mary, born 1908; Joseph, born 1910; Margaret, born 1915.

Relatives Paternal: Sister, Mrs. M. Lynch, —— ——— St. 8 children under 14, husband, carpenter, debts from sickness. Very respectable. Maternal: Parents, Michael and Cath. Jackson, 230 Lindell Ave., man janitor. Brother, Joseph Jackson, 12 Maple St., wife and 2 children. Poor, apparently self-respecting.

Religion R. C. Not regular communicants.

Employment Father by trade a painter. At present teamster for B——— Company. $18 a week.

Education Father can read and write. School in Ireland 6 years. Mother, Grammar School. John in 5th grade, X school. Principal says a fair scholar, keeps up with class. Is frequently absent, giving excuse of being needed by mother at home. Gives no trouble in class. Teacher, Miss S———, thinks him

an affectionate, responsive boy. The two younger children are slow at lessons, well-behaved. All three are poorly clad and have to be sent home occasionally on account of uncleanliness. Mary is in 4th grade. Joseph in the 1st.

Physical Condition Dr. T.———, who examined John at ——— Dispensary, says he is undernourished. Mother is tubercular; was at ——— Camp from Jan. to March; is much improved. Younger children pale and apparently nervous.

History This family came to attention 6 weeks ago when the man was ill with pneumonia and the woman asked aid.

Mr. M. drinks a little right along but is never drunk. Worked for former employer five years (according to wife, two former landlords, and employer). He has deserted his family several times for short periods.

Mrs. M. took out a warrant for non-support in June, 1915, at the ——— Court, but withdrew her complaint a week later when he returned of his own accord. Mrs. M. a woman of poor physique, apparently; has no control over the children. Visitor has seen John running the streets at some distance from home and has heard the younger ones flatly refuse to obey their mother several times. She is said by a former neighbor, Mrs. C., Wills St., a woman known to be reliable by visitor, to have the reputation among acquaintances of encouraging the children to steal anything which can be turned into money. Mrs. M. herself complains that man gives her but little money

to spend, on the ground that she is extravagant. She thinks he does not know how much things cost. She appears to visitor to be amiable and fond of the children, but of weak and colorless character.

John is a troublesome little pilferer, say Mr. P. the market-man and Mrs. F., who keeps the notion store. They have to watch him carefully when he is in their stores. This has been going on since he was 7 or 8 years old. The principal of the school says he has the reputation among the other boys of being a thief. He sells to them things he has stolen, sometimes apparently to buy food. Mrs. M. told visitor that John had twice stayed away from home for a couple of days and refused to tell her where he had been. She says he has got in with a gang of tough boys somewhat older than he. One of them is F. S. who has been arrested twice for playing craps. Mr. Y. of settlement house says this is a tough gang. No one so far as known has tried to get hold of John. He is hard to see, as he is seldom at home except to sleep and to eat. Mother will consent to his being away for the summer.

Plan Medical examination for whole family. Aim to induce man to give woman more money with the understanding that visitor will advise her in her purchasing; aim to persuade man to move to better neighborhood, and to interest himself in the training of his children. Clergyman will call on parents.

The foregoing form, already in considerable use, seems to the writer one that answers the

needs of the agency to which a client is referred. It opens with an identification of the case with a recognized type of problem. The arrangement by topics makes certain that information on essential points is included, and puts it in a clear and convenient form. Moreover, with the help of this list of facts drafted off, it is easier for the worker to write a brief, coherent statement under the heading History. As is evident, the summary is not an interpretation, except in the sense that any orderly selection of facts represents the magnetic action of concepts in the selecting mind.

One sometimes hears a worker say that she writes a different sort of summary for different agencies—children's, family welfare societies, hospitals, mental clinics. All that this means is that she lays emphasis upon different facts. For instance, the summary just given mentions all the facts about the child to be placed out, but about the rest of the family only those which are necessary to the understanding of John. If the summary were going to a physician who had agreed to examine the woman with a view to determining her mental status, it would need to

enlarge upon her personal history with considerable detail, and to include about her husband and children only such facts as would throw light upon her own condition. When, however, a summary is to go to an interested individual, a donor or some private person who has referred a client for assistance, it had better be written in a more personal style, one less official-sounding to lay ears.

One rule as to summaries the worker should always bear in mind: they should include no fact which is not to be found in the record that precedes them. For instance, the reader not infrequently may discover in a summarizing letter to a convalescent home or to a co-operating employer some important bit of information which should enter into the diagnosis of the client's need, but which is to be found nowhere else in the narrative. The serious objection to this is that in the summary it may be given without date or source, so that the reader cannot judge how much weight to give it. Any such fact ought to be inserted in some way in the body of the record as soon as the worker discovers its omission.

Uncertainties of Entry.—In considering the documents which should enter into a record, one finds oneself confronted in practice with questions as to which facts should go on which document. Take to begin with the face card and the narrative sheets. The names and addresses of employers and relatives, often if not usually found on the face card, will frequently be found again in the narrative at the beginning of an interview with the employer or relative in question. For instance:

> March 10, '16. D. S. called on Mr. James Rudolph, 77 Prince St.; Mr. Rudolph said he had employed Mr. S. a year and a half, and so on, [or the following:]
>
> Vis. (X. Y.) called on maternal aunt, Mrs. Ella Robinson, 126 Maple Ave., Bourneville. Mrs. Robinson took boy's mother when she was 10 yrs. old, and so on.

Why should this full address be given in two places? The only reason is that Mr. Rudolph and Mrs. Robinson may have moved since the face card was made out, and that the latter document may not have been kept up to date. A changed address even of the client himself may appear in the narrative. The visitor dictates her interview,

includes the address as an important item she must not forget, and then drops the whole thing from her mind. With a stenographer trained to look out for mechanical details, this new address will be put on the face card and omitted from the narrative; otherwise it may appear in the narrative only or may be duplicated. So long as there is space allowed on the face card for such changes, of course that is where it ought to go. When a stenographer cannot be trusted to take this degree of responsibility, and when the visitor cannot rely upon her own clerical habits, it is better to have a certain amount of repetition than to lose an important address. No agency, however, would want to take for granted unbusiness-like methods, even in small things. Other facts which occasionally appear both on the face card and in the narrative are, curiously enough, the number of children and the school they attend. With these facts staring the reader in the face on the outer card, the interview within will begin "Mrs. Murphy is a widow with four children under nine years of age. The two older go to the Park School." This means that the visitor's

mind is not at work while she dictates. Duplications between face card and narrative involve a waste of that much time and space and help make a history irksome to read.

Another division of material must be looked out for between the medical sheet and the narrative. The medical sheet, as before stated, should, if possible, be filled in by the physician or under his direction. But there are medical facts which will come to the visitor's attention which should be included in the narrative, symptoms which she should report to the doctor, difficulties in the way of getting his directions carried out, facts as to the health of near relatives. In the following entry it is evident that, except for the matter within brackets, the subject matter of this entry could not go on a medical sheet intended for medical opinions only. Yet it is of importance to the successful dealing with the health factor in the case.

Feb. 18, '16. Jessie at Dawson Dispensary. Dr. S. [examines throat, advises curetting] telephones visitor at Central Mission that with proper precautions there is no danger of infection to grown-ups. Dr. H. reports [he

finds no active trouble in the girl's lungs, but feels she should have care in a sanatorium] and will see that her name is put on the waiting list. [Before admission, however, she should have active lesions removed from her throat and ought to enter the hospital for this purpose within a week or ten days.] Visitor replies parents will never consent to the operation. Dr. H. says visitor may promise that he will not use a knife. Visitor confers with Dr. C., family physician, who says he will see the parents at his office and try to explain the situation to them with the hope that he may persuade them to accept the advice of the dispensary. Visitor called on the parents, who agreed to talk with Dr. C.

Then again there is a necessary sorting of material between the budget sheet and the narrative. A budget sheet can give nothing more than figures. Other important facts about the client's financial situation which must go into the narrative history are the duration of benefits, the real and assessed value of property, particulars as to mortgages, debts, the kind of insurance policy a client holds, etc. For instance, in the excerpt below only the facts in brackets could go on a budget sheet. The remaining matter would continue to be a part of the narrative.

July 10, '13. (F. P.) Woman says her house is assessed

at $2,000, and that she has a [mortgage of $1,500] on it. The taxes are $26 a year, water rates $10, interest on mortgage $22.50 a quarter. It is small, four rooms, unfinished upstairs, but has a plot of land at the back on which they grew [vegetables for a supply through the summer]. She received [$500 insurance] from her husband, from which she paid funeral expenses, doctor's bills, a grocery bill, and closed furniture instalments. She had $100 left which has gone for food and clothing in the three months since her husband's death. She and the children are all [insured, amounting to $1.50 a week]. This she did immediately after man's death at the advice of the insurance agent. She now regrets the amount of this insurance. [Fred earns from $0.75 to $1.25 a week] running errands for the hardware store after school and Saturdays, and Mrs. C. herself gets an [occasional half-day's work] washing for a neighbor [at 25 cents an hour].

IV

COMPOSITION OF THE NARRATIVE

THE part of the record which most reflects the case worker's skill is the current or narrative history. This is the detailed story of the client's situation, the evidence that his need lies in this or that direction, and the account of the treatment given to meet his need.

The Typewriter and Narrative Standards.—This current history has been coming to be of greater bulk and to assume greater importance since the use of the typewriter. Indeed, it is a question whether we should today be thinking about record keeping as an expression of social case work, were we still held in bondage to pen and ink. The typewriter is bringing about a change even in the subject matter of our social case histories. Writing of the influence of labor-saving devices in general, Mr. Henry Waldgrave Stuart says: "Can it be held that the difference between using a typewriter and 'writing by hand'

is purely and simply a matter of degree—that the machine serves the same purpose and accomplishes the same *kind* of result as the pen, but simply does the work more easily, rapidly, and neatly?. . . What has happened in every case like this [of the evolution of a new labor-saving instrument] is an actual change of standard, a new construction in the growing system of one's norms of value and behavior. . . . The change wrought is a transcendence of the earlier level of experience and valuation, not a widening and clarification of vision on that level. And the standards which govern on the new level serve not so much to condemn the old as to seal its consignment to disuse and oblivion."*

That just such a radical change is taking place in the records of the better social case work agencies appears in the contrast between the following characteristic passage from the history of a family that was well handled according to the stan-

*Stuart, Henry Waldgrave: "The Phases of the Economic Interest," in Creative Intelligence, p. 288 sq. Henry Holt & Co., 1917.

dards of nineteen years ago and a passage from a contemporary record.

In the former the family was that of a man with a wife and four children, who, because of repeated drinking, had lost a position he had held for ten years. He signed the pledge and then sought other work. The excerpt shows the kind of faithful effort that was carried on for months to keep him straight and to get him started again. He had some fairly well-to-do relatives who helped him in one way and another right along.

Oct. 21, '99. Agent. Man asks more groceries. Agent gave addresses of employment bureaus. *See Relief.*

Oct. 22, '99. Visitor. Think it would be well for society to supply 3 pairs shoes.

Oct. 26, '99. Agent. Man has been to many places for work and has interested a number of people. Seems to be trying very hard. Gave him order for shoes.

Oct. 27, '99. Agent. Consulted Mr. Jones, State Employment Bureau, about man, who is to call on him this afternoon.

Oct. 31, '99. Agent. Took man chance for work washing windows.

Nov. 3, '99. B. I. *See Relief.*

Nov. 6, '99. Agent. Man did not go to wash windows, perhaps because it rained.

Nov. 7, '99. Visitor. When I saw man last he thought he had a prospect of work. . . .

Nov. 20, '99. Visitor. Writes: Man is rather discouraged, though he still keeps his pledge apparently.

The agency finally secured steady work for him as general choreman. This position he held for a year, having kept the pledge for eighteen months. Then drink and trouble with a fellow-employee threw him and his family into need again.

The handling of this situation was good so far as the social knowledge available for case work went at that time. Where it falls short from our present point of view is in its total lack of the conception that this man's weakness is one instance of a socially significant type of intemperance. After his first loss of employment the man himself "admits faults, says no need of his drinking but got in with other men who did, and after his mother died he got discouraged and everyone seemed down on him." Two months after his second loss of work he is "anxious for work. Drinking he now regards with loathing." These two entries, the only ones in the whole record

that afford any insight into the man's personality, raise the question as to whether his drinking, as is nowhere stated but as was apparently the case, came in sprees leaving him sober between times, whether it was apt to follow some emotional stress, like his mother's death or the quarrel with a fellow-employee, or whether it was social drinking with undesirable acquaintances. Such knowledge would help to identify this as a recognized type of intemperance and would at the present day lead to a treatment adapted to the known susceptibilities peculiar to that type, instead of a treatment improvised upon the spur of each occasion.

This pen-and-ink record is, as appears from the excerpt, terse and objective. It shows the worker to have been "on the job," but concerned solely with relief giving and the securing of employment, with hardly an attempt at penetration into the man's character. The concern with personality, which marks the case work of today, is of course due to the advance of social science, but let anyone ask how far busy visitors could get in responding to this concern, were they still

confined to handwriting, and he will realize that the typewriter is releasing time and energy in ways that count for the enrichment of our thinking upon our clients' problems. As a contrast to the passage just discussed, take the following interview from a record of a child-placing agency. It is from the history of a girl of sixteen who is normal in so far as tests indicate, but who, as is apparent, does not "make good."

"April 10, '18 (F. J.) Visited foster mother. Harriet has been kept out of school for a month owing to measles in the foster home. [Has been on the whole quite helpful.] Has usually been glad to assist foster mother [in every way] but can only work under supervision. When left downstairs alone with the work while foster mother caring for the children, work always sure to be slighted. Unless room is daily inspected, will not keep it in order. With [but] one exception has shown good disposition. When, on account of illness in the home, foster mother had to give up making the [serge] dress which she had planned to do [at home], and the dress instead had to be purchased at the store, H. flew into a temper and refused to speak to foster mother for a number of hours. She is at times sulky, but if [wholly] disregarded these spells usually pass by in a short time. [Took mother's death quite seriously.] When first told of mother's death was apparently deeply upset, but since speaks of her quite

casually. [Troubled about H.'s attitude toward death. Talked with her at length about it when her mother died and] H. insisted that she did not believe there was any future life. [Unable to change her feeling in the matter.] Has spoken to clergyman, Mr. S., who will [at the first opportunity] talk the matter over with H. H. has missed church attendance and was [very] glad to return last Sunday to sing in the choir and Sunday school class."

It is evident that the degree of interest in personality displayed in this interview amounts almost to a difference in the *kind* of interest shown. The visitor, in consultation with a psychiatrist, is attempting to modify definite traits in the patient. As a recorded interview, the paragraph, it is true, shows a number of superfluous words and statements, those in brackets being what the present writer regards as such. It is because dictation to a stenographer lapses into the prolix and redundant style of ordinary talk that it is more necessary than in the early years of case work for us to emphasize the selection of those facts that have the highest relevance, and the casting aside of those which do not bear upon the major process of treatment. The whole matter of the selection of significant facts would hardly

arise were we still obliged rigidly to limit the length of entries because of time pressure and the irksomeness of writing.

The Disposal of Ephemeral Matter.—*"Behold-me-busy" details.*—Perhaps the most conspicuous sort of irrelevance that cumbers our present-day records is that of facts which have only an ephemeral value. Of this sort are items relating how the visitor has spent her time. One reads histories in which the narrative is constantly interrupted by what is virtually an accounting to the supervisor or superintendent for time spent. The current history is thus made to fulfil the function of a day book. That some superintendents want this done excuses the visitor, but does not remove the objections to the method. Such entries often report unsuccessful telephone calls or visits to people not at home:

Oct. 5, '13. Called on sister, Mrs. X., 21 Pearl St. No one in.

Oct. 6, '13. Telephoned Mrs. X. No answer.

Oct. 6, '13. As was in neighborhood on another errand called again on Mrs. X. Neighbor says often away all day nursing, and sometimes till late in evening.

Oct. 7, '13. Wrote Mrs. X. for appointment to call.

Oct. 9, '13. Letter from Mrs. X. making appointment for Oct. 9th.

Oct. 9, '13. Called on Mrs. X. She lives in one room, and so on.

All this merely explains why there was a delay of four days in finding out whether this sister would combine housekeeping with the client. If the visitor thought it necessary to account for such delay, she could enter:

Oct. 9, '13. After calling twice and telephoning without getting Mrs. X., went to see her by appointment. She is often away nursing all day and sometimes in the evening. She lives in one room, and so on.

Recorded thus briefly, an explanation to the supervisor is as unobjectionable as it can be made. It offers the minimum of interruption to the reader's attention. The same sort of irrelevant break in the narrative shows more patently in the record of a half-trained visitor:

May 12, '07. Family referred by Mr. F. in letter of May 9. (The reason visitor did not call on family sooner was because the letter was misdirected and was therefore delayed two days in the mail.) Mr. F. writes, and so on.

Although we are inclined to be amused by the

obvious inappropriateness of this detailed self-justification, and although it is addressed to the supervisor in a more direct way than is the list of unsuccessful calls and telephoning in the previous illustration, it is in effect the same sort of irrelevance. In each instance the important concerns of the client are dropped for a space while the visitor makes it clear that she is on the job and earning her pay. Such an interruption to the reader's train of thought makes a record tiresome to consult by beclouding information that is significant.

Process Details.—Other facts of but temporary value, are items as to the mechanical process of getting things done:

May 1, '17. Telephoned to aunt [asking her if the two little boys could stay at her home for the present]. She says that they can stay there [and visitor promised to bring clothing on the 4th].

May 4, '17. Took clothing for boys. They and the aunt appreciative. Relation between them appears affectionate. [Arranged to call to take John to dispensary on 7th.]

May 7, '17. Took John to dispensary. Dr. P. advises hospital care.

May 8, '17. Telephoned to aunt that hospital care would be necessary for John and arrangements will be made for boy as soon as possible.

[May 8, '17. Referred case to Public Charities Dept. Miss F. not in. Will telephone visitor following morning.]

[May 9, '17. Consulted Public Charities Dept. Said that boy could be sent to hospital on the 10th any time before 3.30 p.m.]

[May 9, '17. Telephoned to boy to meet visitor at 12.30 on May 10th.]

May 10, '17. Took John to City Hospital.

Taking out the less significant parts of this process these entries reduce to:

May 1, '17. Telephoned to aunt, who says that boys can stay at her house for the present.

May 4, '17. Took clothing for boys. They and the aunt appreciative. Relation between them appears affectionate.

May 7, '17. Took John to dispensary for examination. Dr. S. advises hospital care.

May 8, '17. Telephoned aunt of doctor's advice and told her arrangements will be made for boy as soon as possible.*

May 10, '17. Took John to City Hospital.

* There might be a difference of opinion as to whether or not this entry needs to be kept.

It will be observed that much of what is left here is also a part of the process. The distinction between the entries cut out and those remaining is that each one of the latter has a relevance for future treatment, whereas the excised portions are of importance only until the clothing was taken to the boys, until John was got to the dispensary and later into the hospital. After the few days necessary to bring these ends about, the process of doing the things did not matter. For this short period, it is true, these arrangements need to be accurately remembered. Therefore, along with all ephemeral memoranda, they should be kept in a note-book, or a tickler.*

In her revised edition of The Charity Visitor,† Miss Amelia Sears refers to this sort of cumbering of the record with unnecessary matter. She writes: "The statement of the work done for the family should be as brief as possible—the mere

* A file arranged in order of dates, so that memoranda can be slipped in under the date on which matter is to be attended to and then put forward to another date, in case of a revisit or a prevented visit.

† The Charity Visitor, p. 41. Chicago School of Civics and Philanthropy, 1917.

statement is sufficient. Record only the finished product, not the process." That Miss Sears has in mind when she thus speaks of the "process" only such processes as are of temporary importance is evidenced by the following paragraph:*

"Thus, a visitor engaged in securing a diagnosis of a patient's illness, his admission to a hospital, and his convalescent care should omit any 'write-ups' until able to record accomplished fact in a conclusive and definite manner. Posterity will not care how many hospitals she had to consult or how much effort she put forth; all the next generation of workers who handle that case record will consider is what the diagnosis was and what the outcome."

Miss Sears, no more than any of us, would advocate the omitting of such parts of the process as may affect succeeding treatment in important ways for a considerable period of time. The case worker must bear in mind that the treatment she puts into effect actually alters the client's situation in its economic, or medical, or psycho-social aspect. In the last illustration, for instance, a

* *Op. cit.*, p. 40.

new worker taking up the supervision of the two boys after John is in the hospital will find a problem which differs from the first worker's in the very important respect that the boys are on a visit with a responsible relative, and that one of them is under adequate medical care. The facts, then, that John's condition was diagnosed, and that he is being treated at an institution, although a part of the "process" of getting him properly established under conditions favoring development, are of paramount importance for future treatment. In this connection a supervisor of case work* comments:

> Even the best case workers, however, have a tendency to set forth investigation far more fully and exactly than they do treatment. . . It [investigation] is an impersonal thing in the sense that in writing up the case record of investigation it is . . . usually inadvisable for them to include much about their own actions or reactions. In recording treatment the natural modesty of the good case worker often prevents her recording in full the processes by which desirable ends were gained. It is common to find a successful case record in which the results appear unwarranted . . . . as coming from the treatment which was recorded.

* Joanna C. Colcord. From an unpublished manuscript.

As an illustration of what has just been said, a district secretary once told her supervisor about the success of her assistant in solving an unusually difficult problem in intemperance—that of a man who, though a capable workman and a man of good character, was universally disliked by his fellow-workmen, and whose pride and pique led him to form drinking habits. A great deal of careful work was done, including medical care for the man and his family and his reinstatement with a former employer who knew his weaknesses; and he was induced to keep straight for a period of several months. As the holidays approached the worker realized that this was going to be a time of particular strain for her client, and on the night before Christmas . . . she went to his home in the evening, taking with her some toys for the children, more or less as a pretext for her visit. She met the man on the stairs coming from his house with a beer can in his hand, and forthwith sat down with him on the stairs and argued it out with him for an hour. At the end of this time he returned to his rooms, the impulse to drink, for the time being at least, conquered. The supervisor sent for the record and found the incident set forth in it as follows:

"Dec. 24, '15. Called at ————. Gave man, who was at the door, Christmas stockings and other toys for the children. Man had not been working this week but expects employment next week and will report at the district office on Tuesday night."

This is omitting the process with a vengeance. As the supervisor rightly felt, what the visitor

left unrecorded was a highly significant incident. Significance here lies in the fact that this drinking man responded to appeal, and also in the sort of appeal which touched him. As an index to his character it matters for future dealings with him to know through which of his social relationships it was that the visitor reached him—whether through his love for his family, his pride in his children, his self-love and sense of importance among his fellows, his religion; or through self-interest—his success in his work and chances of increased pay.

Another instance of leaving out the process is that of a worker who had for a client a garrulous, meddlesome, exacting old lady with relatives thoroughly tired of her. The worker evidently handled her with tact and transformed her pestiferousness, apparently offhand, into an acquiescent meekness which her family could hardly recognize. As in the former case, the arguments or the method of handling that influenced this woman would be of value to any new worker who might have to take over the supervision of such a client.

On the other hand, the following passage records a procedure in treatment that seems of doubtful use for future dealings with the client:

May 21, '09. P. H. visited and had a long talk with girl. In view of the fact that girl had told Miss M. that she felt she could never keep straight out in the community, P. H. asked her if she would not at this time consider her future very seriously, and see if perhaps it would not be better for her to give up all idea of taking a place in the community and just live a life of seclusion; said that she felt that girl's clergyman in Y. would know of some sisterhood who could help find the right place for her. Girl refused, and so on.

This is a fairly detailed repetition of the substance of the visitor's argument, an incident in her process of treatment. Just as was the conversation of the visitor with the drinking man, this too is a plea for a desired line of conduct. Yet probably any experienced worker, including very likely the visitor herself who dictated the interview, would agree that the whole statement could be adequately expressed in the sentence

May 21, '09. P. H. visited girl and urged that she go into life of seclusion. Girl refused, and so on.

Where lies the difference between what we

advise in this and in the previous illustration? The girl's belief that she could not keep straight together with a physician's opinion to the same effect had already been recorded. The plea the visitor made involves no discriminating insight into the character of this girl, no happy intuition as to some special kind of appeal that would reach her. It is merely a direct and earnest suggestion that this weak client should do an extremely high-minded thing. Had she yielded to this pleading, the whole conversation as it stands would have been significant, for it would indicate an unusually suggestible young woman or else one with aspirations remarkably unsoiled by repeated sin. Since the girl's response was exactly what one would ordinarily expect it to be, the plea put up to her by the worker cannot affect future treatment.

We cannot then cut out all processes in treatment mechanically and think thus to improve our records. Here, as in all choice of facts to be entered or discarded, we have constantly to ask ourselves, "Is this process of relative importance

for treatment or has it only a slight or a temporary bearing, and why?"

The matters of ephemeral interest thus far discussed, then, should go into a note-book, on a calendar or tickler, or into a day-book. It is important for a short time. The day-book is designed to enable the visitor to record the number of visits, telephone calls, interviews in the office, etc., which she has made during the day, and should relieve her of all obligation to interrupt her narrative with this dry data. By means of a calendar, or preferably a tickler,* the worker can

* In a number of instances agencies feel that they must preserve permanently both "behold-me-busy" and process details. This is because of three uses to which such items are put from time to time. These entries may facilitate the supervision of a large staff of visitors by showing just what motions each visitor has been going through from day to day; they may supply evidence to critics that the agency has been making every possible effort to care for clients promptly; or in case of illness or absence of any visitor, they may keep the office informed of her plans for clients, her appointments with them, and so on. When agencies for these or other reasons desire to keep such details they can do this and at the same time make their histories clear and readable by recording these mechanical items either in a day-book or on a separate record sheet.

rid her narrative of all promises to call, arrangements to take a patient to a hospital, and so on. This should do much to clear records of matter that interrupts the story of the development of treatment. The objection to unnecessary entries of the kind indicated is that they clutter up the important parts of the narrative. The reader's attention is constantly distracted from the main issues by sentences or lines which ceased to be of moment a day or two after they were set down. The effect of such transient items upon the worker also is to confirm her in an unselective habit of mind that rises to no mastering of the case as a whole.

Letters.—A considerable amount of ephemeral matter is to be found also among the letters which social agencies send and receive regarding their clients. These letters may be clipped in with the history at the places where they belong, or they may be fastened all together, separate from the rest of the record. In either case they add to the bulk of matter in a filing case, and increase by just so much the number of sheets to be turned over and looked through. For this reason

letters should not be kept longer than they are useful.

The destruction of letters is something agencies are naturally cautious about. In many instances a carbon copy is their evidence that they have reported a situation promptly, or that they have shown a readiness to work with other people, and so on. As for the letters they receive from others, probably most of them ought to be kept at any rate for a time. Allowing for all this, however, it yet remains true that to many workers the destruction of any letter or carbon copy of a letter carries forebodings of future regret analogous to those of the hoarder of broken-nosed teapots or rungless chairs.

What sort of letters can be safely destroyed? Principally those of arrangement or those which have only a temporary value. Letters of arrangement, asking that a client be at the station at a given time, sending directions for getting to a new address, notifying a mother that she should take a child to the hospital on a certain day, assuring someone who referred a case of need that the client had been visited and that a later report

would go to him, might need to be kept for a short time until the treatment arranged for was completed, but could then certainly be destroyed. A letter containing no information, merely a few polite words accompanying an enclosure—a letter from someone else, say—could be destroyed at once. Also a post-card like the following:

Dear Miss ————

Mrs. Wilson is my friend's name and her aunt's address is 390 School Street, as I thought.

Sincerely yours,

Once the information has been transferred to the face card, what further use can the post-card serve? Probably more difference of opinion would arise over notes like one from a visitor to a young girl urging her to take a good place that offered. If it was merely a pleasant friendly letter to a difficult girl, showing no special insight that would afford a cue to the effective approaches to be made in her case, the present writer would be inclined to destroy it, making note on the record of the advice sent. She would also reduce the number of client's letters saved. When a client is a lively correspondent, especially if, as is

sometimes the case, he has the post-card habit,* two or three communications saved to show his way of expressing himself and the sort of things he was thinking about ought to serve all purposes.

Some of the letters of arrangement which are evidently of but passing import can be carboned on colored paper and thus marked for ready destruction after a time. The answers to these letters or the fact of arrangements made is sufficient evidence of their having been written.

Of the letters received, all containing social evidence bearing on the client's difficulties should of course be kept. Where the office force is sufficient to permit, these should be briefly summarized in the narrative in order to save the reader's time and also the break in his attention that goes with constant turning to correspondence. The worker may show the quality of her judgment as to important facts in her choice of the letters to summarize. Consider, for example, the two fol-

* Social workers all know the awkward bunch which a number of post-cards make in a folder, and the difficulty of reading them when clipped together.

lowing entries taken from the same record of a child welfare agency:

Feb. 10, '07. Letter from Mother. Says [she thinks]* she would like to bring boy to Pottsville herself; that she is to go to Ferguson anyway [and if boy was ready could take him back. Says Miss Frank has been very sick for about a fortnight; that she is still weak; that she had congestion of the blood in the heart, but is gaining rapidly. Mo. says] she has had [a great deal of] trouble with her right foot [and that it still pains a great deal; that she had a] doctor treating it [but he] did not know just what the trouble was; it was badly inflamed. [Says] she is in her own room at last and likes it [very much; that] it has been repapered and [that] she bought the paper for it [when she was in Ferguson; that] she has sheets and blankets and pillow slips for boy. "As there is again no heat in my room I shall probably have to buy an oil stove. [I dislike it on account of the odor, but there are snappy days even in summer and I must be ready for them, but] when winter comes I shall have to make some change to avoid further sickness for baby." [Says the week before they celebrated Julia's (mistress' daughter's), birthday.]

As contrasted with this over-full paraphrase is the curt entry made a few months later:

July 3, '07. Letter from Dr. Smith.

*Bracketed passages, in the writer's opinion, might well be omitted.

The letter from Dr. Smith gives the physician's diagnosis of this mother's mental condition with his opinion as to the possible outcome. The letter itself is short and crucial. Throwing light, as the opinion does, on the whole conception of the mother's character, all the succeeding treatment must take it into account. It may be that the worker was hurried in the latter instance, or it may be that she wished to oblige the reader to turn to the physician's letter itself. This, however, being compact and hardly a third as long as the previous letter, might well have been recorded in full. The two entries together are merely another illustration of how constantly the worker's eye must be kept "on the ball"; namely, on the treatment value of every fact that comes to her.

When a letter is followed shortly by an interview with the person sending the letter, space can be saved and reading made easier by incorporating the two. If the letter is summarized, the interview, introduced by a parenthetical phrase ("By later interview with the same"), should contain only information not already given.

Topical vs. Chronological Organization.—In composing the current history as a whole there are two general methods which may be followed—the chronological and the topical. The chronological is the recording of interviews with client, relatives, doctor, and others, one after another as they occur in point of time; the topical is the arrangement of matter learned in a number of interviews under such headings as environment, health, finances, employment, and so on, regardless of the date when the information was acquired. Each method has advantages and drawbacks.

The chronological method, the one employed by most social agencies, is convenient because each fact or happening in the client's life can be recorded at once and thrown off of the worker's mind. Its principal recommendations are first that it makes important steps in the process of case work appear in sequence. For review or self-criticism, and for use in study this matters. We must be able to go over in detail the process of treating a client's need, and the success which these measures have met with. Standards in

social case work must be based on the results of this or that course of treatment. Therefore we need to have recorded all the important steps in the process as they occur from day to day. The second advantage of the chronological method is that it keeps together the whole statement of any person interviewed, thus giving a total impression of his reliability or bias as a witness, of his attitude toward the client, and of his possible helpfulness in adjusting the latter's difficulties. One can see in the following illustrations the contrast between the definiteness as to the single impression of a devoted and anxious aunt produced by this chronological record, and the definiteness as to the general social factors in the case produced by the topical method.

CHRONOLOGICAL

Aug. 6, '10. Visitor at house. Mother says father knocked down by auto six months ago. Works irregularly on account of accident which still affects his leg. Has to be careful not to use it too much. Mother says he averaged $6 to $7 per week. She tried to do office cleaning, but found was needed at home and gave it up. Three months rent is due, $42.00; grocer's bill $8.50. Maternal grandfather dead, grandmother in Italy with

Uncle John Risolli who has wife and three children. Paternal uncle has six children, earns barely enough for his own family.

Aug. 6, '10. Dr. F. of St. Luke's out-patient department says man's leg was run over, he was much shaken up. Was in St. Luke's Hospital three months; still attends out-patient department. John not vigorous, needs general building up.

Aug. 7, '10. Aunt Antonia at office by appointment; short, slender, slow of speech and motion; uses fairly good English; poorly dressed, not clean. Says she is working part time on account of strike; has not been able to earn more than $10 a week at $2.00 a day. Would be glad to help with expense of Joseph, but feels that the mother, her sister, needs all that she can spare from her earnings; she is quite troubled because family does not have sufficient nourishment, particularly as father is not well and John is inclined to be delicate. Aunt promises if at any time she is in better circumstances to help with clothes for Joseph.

Aug. 7, '10. Charity Organization Society report: . . . man's parents both dead, never in U. S. Brother Peter Capri living at 205 Maple St., married. Respectable and hard-working.

Topical

Relatives Paternal relatives. Grandparents both dead; never in U. S. Uncle Peter Capri, living at 205 Maple St., married, six children. Respectable and hard-working. Earns barely enough for his own family.

Maternal relatives. Grandfather dead, grandmother in Italy with uncle John Risolli, who has wife and three children. Aunt Antonia Risolli lives with family, short, slender, slow of speech and motion; uses fairly good English; poorly dressed, not clean. Helps all she can.

Employment Father works irregularly on account of accident which still affects his leg. Says averaged $6.00 to $7.00 per week. Mother tried to do office cleaning, but found was needed at home and gave it up. Aunt Antonia is working part time on account of strike, has not been able to earn more than $10 a week at $2.00 a day.

Health Father knocked down by auto six months ago. Much shaken, leg run over. In St. Luke's hospital 3 months, still attends out-patient department. Has to be careful not to use leg too much. John not vigorous. Dr. F., of St. Luke's out-patient department, says needs general building up. Aunt Antonia quite troubled because she recognizes that family does not have sufficient nourishment, particularly as father is not well and John inclined to be delicate.

Finances Three months' rent due, $42.00; grocer's bill, $8.50. Aunt Antonia would be glad to help with expense of Joseph but feels that the mother, her sister, needs all that she can spare from her earnings.

The facts in the interview as first recorded, after being scattered and combined with facts gathered from other interviews, lose perhaps something of

their force as pointing in a general way to the character of an important relative, while by the same analyzing process they gain in the impression they produce of bearing upon the family situation as to employment, health, finances. The difference between the two methods is partly a choice as to what sort of impression the worker wishes to make upon the reader, what aspect she wishes to emphasize. The present writer confesses to some scepticism as to how much is gained in clear impression of character merely by keeping the average interview intact. Whatever shows specific qualities in the talk of a relative or employer can be given its due weight under a heading, as can be also any impressions of the visitor's. Impressions too subtle to be put into words are worthless for treatment.

The drawbacks attendant upon the chronological method are that, compared with the topical, it makes for a succession of relatively short entries, in which the expected rhetorical consecutiveness is lost, and which, bearing possibly upon different aspects of the client's situation, have

not a close connection in ideas. Witness these entries from a history in a family agency:

Dec. 20, '16. Mrs. M. to office. Will begin training at the hospital on Jan. 1st. Is anxious about little Marshall, who has taken cold.

Dec. 27, '16. Letter from Miss I. enclosing check for $75 toward Marshall's board.

Dec. 28, '16. Miss F., Child Welfare Board, telephones. Placed Marshall in home of Mrs. Parker, Farmville. His mother can visit him, as it is within 10 cent car ride. His cold has disappeared.

Dec. 29, '16. Letter from Mrs. M. asking money promised for storage of her furniture. The two girls are happy at aunt's. Expresses contentment with arrangements. Visitor sent check for $5.

Dec. 30, '16. Sent Mrs. M. a good second-hand skirt which she needed badly.

Although all these statements bear on a definite plan of treatment; namely, one providing training for a mother and care for her children meanwhile, not only does each entry touch upon some different one of the many aspects of this plan, but it tells very little about that aspect. The result is a scrappy succession of partially related facts. Moreover, often as the thread of interest may be broken, one must carry in mem-

ory all important items from beginning to end of the record. This is because it may be necessary in order to get at the reasons for the mother's receiving a chance for training, or for the children's being placed two with an aunt and one at board, to piece together as we read two or three items or interviews on page 1 of the narrative, scattered ones on pages 2, 3, 4.

Another difficulty with chronological recording is that the worker is more likely to be careless about introducing irrelevant matter when she dictates without headings to force her to analyze the information she has gathered. She tends in her hurry to report a conversation much as it has come to her. It takes some thought to pick out of an hour's detailed talk with the mother of a family, which nevertheless in its total outcome has been an important one, just which were the statements that pointed to those social conceptions which would bear upon later treatment. The absence in chronological recording of any mechanical stimulus toward choosing significant items, and the lack of coherence between entries together make the current history deficient in

"unity." Such a narrative does not excite spontaneous attention; the average case record demands a fresh mind with untired powers of concentration if the reader is to get a clear connected story with its pertinent items in the foreground.

The topical method of recording is in its advantages and drawbacks the obverse of the chronological. It is never used to the exclusion of the chronological, always in combination with it, and is usually confined to the first investigation. The Massachusetts State Board of Charity, for instance, in its Mother's Aid records, has the first investigation written up under the captions Finances, Employment, Health, Education, Home Standards, and so on. This enables the supervisor to judge rapidly whether visitors have covered the ground. One blanket caption called Remarks catches all stray information. Inexperienced visitors sometimes repeat here in different words much that they have already included under one or another specific heading. They imagine themselves to be giving additional facts, probably because they have had to talk at length with several people, and bring back from these

interviews a vague assurance of having learned more than it shows up for under the forced analysis of captions. The rest of the record, that which reports treatment, is put down chronologically.

Another public department* has the investigation recorded by separate interviews first, and then on all cases with which intensive social work is to be done has a topical history in addition. This last history is, then, in reality a full and analyzed summary. If not actually itself an interpretation of the case, it would represent the steps which must precede interpretation.

The advantages of the topical method are, first, that it develops each topic by a paragraph of which the purport is readily gathered, since it marshals all the testimony that makes clear one of the large social relationships that orient the client's case. One's attention is therefore held without effort. Second, it guides the worker to the facts of real moment in the case by holding before her certain of the broad social relations which give meaning to this or that fact.

* The Boston Psychopathic Hospital Social Service.

The limitations of the topical history have been sufficiently indicated in the discussion of the advantages of the chronological. They are in brief (1) that it effaces the process, whether of investigation or treatment, and (2) that it discards the interview as an integral statement that may afford an indirect characterization of the person interviewed. Another objection that might be made is that this method effaces the identity of the person giving information and with it the evidence as to the degree of reliability to be placed on his testimony. In any arrangement of narrative matter by topics, however, the name of the man or woman responsible for a statement together with any facts or remarks as to his value as a witness may be put in parentheses either before or after this statement: for example, "(according to woman's sister, who impressed visitor as withholding important information)."

We have heretofore been discussing the topical history as an analysis of the whole first investigation. The analysis of subject matter under topics, however, can be made within any long interview without sacrificing the advantages of keeping

each conversation intact under its own date. Take the following analysis of a first interview with the mother of a family by a child-placing agency that has been asked to board a delicate girl in the country:

*Environment** (J. B.) Called at home. Rear tenement; small yard, entrance narrow alley-way, paper and refuse about; 4 rooms, 2nd flight; furniture scanty, good stove.

Family Consists of mother (widow) and 3 children, living together. Mother 35 yrs. old, born and grew up in Ralston as did also father. He worked in paper mill most of life till health failed 3 years ago. They moved to F. hoping he could make more at canvassing. Tall, wiry, nervous American woman; fairly clean dress. Complains much about neighborhood and about deprivations, which are great. Remembers with longing better days in past. Fears for the girl's health and the boys' chances of education.

Colton 13 yrs. old, intelligent looking boy; wants to be a carpenter; handy with tools.

Bessie 11 years old, mentally bright, does beautiful sewing, took prize at school.

George 8 yrs. old, average mental development; has

* The italicized captions are here fully entered for the sake of clearness. For shorter interviews, however, a regular topical order in the paragraphing is sufficient, and captions may be dispensed with.

not outgrown childish interests; plays with children younger than himself.

Education Mother went through Grammar School. Colton finishes Grammar School in spring. Bessie attends Prince School, 6th grade. George attends Abraham Lincoln School, 2nd grade.

Religion Episcopalian, members of church. Children go to Sunday school at Grace Church; mother goes when has clothes. Does not like to keep asking ladies at church for garments.

Financial Father had made bare living for 3 years before death as canvasser for "Book of Knowledge." Left $500 insurance. Funeral cost $240. Mother has eked out remainder for living expenses; all gone now. Oldest boy gets abt. $1.00 a week selling papers. Mo. has two places to wash at $2 a day. Would like more. Uncle Fred sends $5 occasionally. His help can't be counted on, as he has heavy expenses.

Health Father died 6 mos. ago of tuberculosis at hospital. Was there 3 months. Poor health for 3 to 4 years previously. Did canvassing at doctor's advice to be out of doors. Mother very thin, looks well otherwise and says she is so. Colton, thin, apparently well. Bessie, undersized, pale, looks delicate. George also is undersized. Mother thinks all children undernourished.

Relatives Paternal grandparents died in Ralston; grandmother at 70 years of tuberculosis; grandfather at 50 yrs. of heart disease. Uncle William and wife Jane, 5 children live in Canada. Family has not

heard from them for years. Maternal grandparents Frank and Carrie Colton. Grandmother died of cancer at 60 yrs. Grandfather living in Ralston with Uncle Frederick, married, 4 children. He works in a coal office, has helped mother from time to time.

It will be seen that nothing is lost here so far as the impression conveyed of the character of the various members of the family is concerned. Indeed, one gets a clearer indication of character than from interviews which are not analyzed. As the record stands, however, the reader hesitates to weigh the value of this evidence as such. We seem to get not what this overanxious mother says about the situation but statements of accepted fact: George plays with children younger than himself; Colton is handy with tools; the mother went through the grammar school. It all suggests that possibly the interview was not written up until after further investigation had shown the mother's reliability as a witness, or it may be that the worker assumed that the reader would take the whole for what it was worth as the mother's statement. This same analyzed interview could be made more "readable" by the

addition of the connective words used in ordinary writing.*

Rhetoric in Record Writing.—*Verbosity.*—Social case records, like all writing, must, of course, be clear as to their purport. A special requisite, however, is that they should be as compact as is consistent with clearness. Every unnecessary expression is that much waste of time on the part of dictator, stenographer, supervisor, and student.†

A besetting fault of the writer—or dictator—of social case records, after the fault of admitting irrelevancies, is that of redundancy in expression. Take up at random almost any history in any office and on a single page one will find words, phrases, clauses, whole sentences that either repeat the thought or stretch it out through ten words where five would do. This is nothing that any agency should feel sensitive about acknowl-

* See p. 120.

† Inexperienced workers who have not yet fully learned the range of facts needed in treating clients, and who consequently often omit significant evidence from their histories, need to be warned against taking this advice to mean that there is a merit in mere brevity for its own sake.

edging. It is common to all, because none of us has had special training in dictation. Take, for example, the following excerpt in which the redundancy is comparatively slight:

> May 20, '10. Visitor talked with employer who says [Mrs. S. has been thoroughly inefficient and unsatisfactory.] They have not been able to rely upon her either in keeping her hours, or the correct use of her time, or [satisfactory] execution of her duties. She has asked [many] favors, and seemed to think that she was abused when not granted them. She is a [great] gossip, and has created a spirit of complaint among the employees in her section. She [is also constantly] complaining of her health, and the doctor has told her that her troubles are largely due to her excessive tea drinking.

The passages or words in brackets are unnecessary. If an employee does not keep to hours, use her time profitably, or execute her duties she is of course inefficient and unsatisfactory. The more explicit statement includes the general one. If she gossiped no more than the average, this trait would not have been commented upon, therefore the word "great" adds nothing. The same is true of the phrase "she is always complaining." Substitute "she complains." Unless

she did more complaining than others, her employer would not have noticed it. Small redundancies of this kind accumulating through a whole record interlard the essential items with impeding layers of words.

Take an illustration from a child-placing agency.

Sept. 6, '09. (F. P.) Vis. foster mo., M. doing [very] well and fo. mo. feels [sure] that girl is trying [very hard] to improve. Fo. mo. wrote to mo. in regard to M's opening her letter and mo. [had replied telling] *authorized** fo. mo. to punish her any way she saw fit. Said M. had given her [a great deal of] sorrow and she knew that the girl needed [severe] discipline. M. entered 5th grade, is doing excellent work. School is conducted in open air [and chn. have been measured to-day for some sort of warm garment to be worn during the winter. These] *warm garments for winter* are to be provided by some society in X. [fo. mo. did not know the] name *unknown*. M. is now taking [a great deal of] pride in her [personal] appearance, keeps herself neat and clean without so much prodding from fo. mo., and so on.

Again we see the unnecessary and therefore ineffective multiplication of words. The fact that the

* The words in italics are substitute expressions; bracketed words are superfluous.

school children had been measured for garments is of too trifling relevancy to be included. In the illustrations on pp. 80 and 98 also, the import of the sentences and phrases excised is implied in the statements retained in the condensed entries; and it would be more vigorously conveyed by them alone.

In these illustrations appears frequently the use of intensive words, like *very*, *exceedingly*, *excessive*, *a great deal of*, and so on. In case histories they give an emotional tone where the desired tone is a judicial one. In the illustration on p. 114 the visitor appears to have shared an exasperation that the employer felt toward her client. It does not seem professional, however, to suggest this exasperation by the tone of one's language instead of noting it responsibly as a fact in the situation. The visitor had better have cut out her adjectives, confined herself to a dispassionate report of the actual facts the employer gave, and then under the heading of *Impressions* have stated that the employer was apparently out of patience with Mrs. S. and that she herself shared his feeling.

Abbreviations.—Some agencies abbreviate words to save time and space, and have a fairly long list of habitual abbreviations: *fa.—father, fo.—foster, w.—with, fr.—from, g.—girl, b.—boy,* and so on. Of such symbols those that stand for the recurrent stock terms in case work have a fair claim to be standardized among all agencies. Thus—

fa.—father	vis.—visitor
mo.—mother	fo.—foster
dau.—daughter	D. S.—district secretary
sr.—sister	rel.—relative
bro.—brother	pro.—probation
ch.—child	pa.—patient
chn.—children	Fm.—feeble minded
wom.—woman	Tb.—tuberculosis
mat.—maternal	
pat.—paternal	

Such symbols as *w.* for *with*, *b.* for *boy*, and *h.* for *home*, however, make the history difficult to grasp except by those who are familiar with these abbreviations by constant practice.

Perspective in sentence.—Sentence structure in our records is of the simplest sort. Often even the subject of sentences is omitted, the word "visitor"

or the name of the interviewed person being assumed to be the subject. "Called on man. Said he was feeling better," instead of "The visitor called on the man. He said he was feeling better." This elliptical fashion of speech is employed because one or the other of these two persons is so likely to be the spokesman for what follows that it can be assumed. There is no objection to this way of shortening entries, provided the worker makes sure that she uses the subject name whenever the subject changes. For instance, in the illustration given on p. 80, throughout all the first part of the interview the subject of the sentences is Harriet, the client. Then suddenly come four sentences:

"Troubled about Harriet's attitude toward death. Talked with her at length about it when her mother died and H. insisted that she did not believe there was any future life. Unable to change her feeling in the matter. Has spoken to clergyman, Mr. S., who will at the first opportunity talk the matter over with H."

It is of course plain that Harriet is not the one who makes these statements, but it is not at once clear whether it is the foster mother or the visitor

who was troubled over Harriet's attitude toward death. As one reads along one makes out that these are the foster mother's comments. What the worker did in dictating was to repeat the talk of the foster mother as it took place without stopping to distinguish what the foster mother said that H. had felt and done from what the foster mother herself felt and did. The latter remarks, therefore, have an effect of coming from the visitor. In the final sentence of the paragraph we go back to Harriet as the subject.

As to verbs, the only warning needed is that whether the worker starts her record in the past or in the present tense, she should abide by her choice throughout, and not seesaw from one to the other, as in the following instance:

June 22, '08. M. F. *called* at 7 o'clock. Mrs. X. *sitting* in kitchen *holding* Jane whom she *has* just *bathed*. Mollie who *is* 8 years old (present of continuity, therefore correct) *is* very cleanly dressed, and the kitchen in exquisite order. Mrs. X. *is* very cordial, *said* she *had* sometimes *thought* of coming to office, but *did* not *like* to intrude. *Says* she *has been getting* on very nicely, and still has $200 insurance. She *moved* to present house

where the rent *is* $2.50 per week (present of continuance). She *is* still *working* at the Carpet Factory (continuance).

The effect is confusing. These rapid alterations of the time point of view make against clearness.

In their desire to make records brief many workers have adopted a telegraphic omission not only of the subject word but of articles and auxiliary verbs. "Man came to office" instead of "The man came to the office." "Mrs. X. sitting in kitchen" instead of "Mrs. X. is (or was) sitting in the kitchen." When one finds this abbreviation of style combined with abbreviations of words, one has the laconic pushed to the point of grotesqueness.

"Met mo. w. b. at hosp. Vis. admires mo's. devotion to chn. Dr. says b. need not stay ho. longer fr. sch."

The curious thing is that these mechanical short-cuts are sometimes to be found in the very same records and in the very same interviews where one idea is spread out through several padded statements, or whole sentences of slight relevance may take up as much space as a succession of these devices combined can save.

The planning of paragraphs in case records should be according to the common rhetorical rule of making each paragraph center about one main idea and of placing that main idea in the most conspicuous position; namely, at the beginning or end of the paragraph. This topic will be discussed in Chapter V in connection with the investigation and the treatment record.

There are a number of manuscript devices which social agencies may employ in their records in order to call attention to the important facts. Such devices are red lettering, underlining, indenting, marginal captions, brackets, stars, and so on. Their use makes it possible to run through a long record and light at once upon those items about which the worker is most likely to want to remind herself in the course of her treatment of a family or individual. One agency underlines the name of the person interviewed in red letters. Another underlines the person interviewed and uses red ink for topical captions which are put in the margin, as follows:

April 6, '12. (F. S.) *Mrs. Alfred Pearson*, Vernon St. Whitman [wife of leading lawyer in town]. Has known

Jackson family since mother a baby; lived opposite them in Bridgewater.

Mat. relatives. Family one of best in town. Maternal grandfather was a fireman in iron works for many years, chief warden in the Methodist Church. Grandmother capable. Maternal aunts Lucy and Mattie fine girls, and so on.

The brackets above enclose information about the person interviewed, and make it easy to notice or skip over these words according to the reader's need. Of course all information about and impressions of the person interviewed can be put in a paragraph by themselves at the end of the interview, if preferred.

The agency from which the illustration on p. 110 was taken uses indented red letter captions to indicate the broad topics in their recording, i. e., Finances, Employment, Education, Environment, Religion, Relatives. A worker of long experience indents her summaries from other agencies. For instance:

Mrs. F. distressed over Peter's conduct. Does her best to make him mind, but when she is away from home he runs wild, and has been going from bad to worse.

Feb. 2, '04, Visitor telephoned Charity Organization

Society, who report family known first in 1901. Mr. F. was then very ill with tuberculosis, and so on.

Different agencies now use various devices according to their special needs or ideas of convenience. It is of primary importance that each agency should use these devices consistently, applying underlines, brackets, red letters, indention, etc., for the same thing. It is becoming of hardly secondary importance that all case work agencies should agree upon a standardization of their uses. As social research workers come increasingly to extend their researches through the records of many agencies, they have a claim to be relieved from the waste of energy that is involved in mastering a fresh code with each agency they consult. The present writer has felt that she had no warrant to offer a code of her own preference. Standardization when it comes should be the work of a responsible committee.

V

THE NARRATIVE IN DETAIL

THE narrative comprises (1) reported interviews with the client and with those acquainted with him, (2) an interpretation of his case, and (3) a chronological record of what the agency does with and for him.

The Organization of Reported Interviews.—*Interview form.*—In general, social case work interviews are recorded in some such order as the following:

1. Date of the interview.

2. Initials or name of the visitor. This is sometimes entered at the beginning and sometimes at the end of the interview. If the initials are at the beginning, the reader can take account of the personality of the visitor, giving greater weight to the observation and selection of facts on the part of an experienced worker.

3. Relation of the person interviewed to the

family; for example, "Man's aunt, woman's former employer, Mary's teacher."

4. Name and address of the person interviewed. This follows the item as to the relation of this person to the family, since it is the less important fact of the two to the social worker. For example, "Man's aunt, Mrs. Robert Wilson, 12 Pearl St.; woman's former employer, Mrs. Lloyd Doolittle, 54 Walford Place."

5. Facts about the person interviewed which make for or against his reliability as a witness. For the same reasons that would determine the position of the visitor's initials (see item 2) these should come at the beginning of the interview.

6. Facts told by the person interviewed. (See discussion of the arrangement of these facts, p. 128 and p. 134.)

7. Any interpretation of the facts which the person interviewed may offer. Mrs. Jones' sister may say that she thinks Mr. Jones is not right mentally. Any facts on which she bases this interpretation of his conduct should usually precede it, since the reader wants to get the sister's evidence free from the bias which her interpreta-

tion might give rise to in his mind. Another illustration is as follows:

A lady who had asked a children's agency to place out the daughter of an old acquaintance of hers, told of a previous unsuccessful attempt at placing the girl on the part of friends. Following her narrative is her interpretation:

"Mrs. W. feels that this experience is chargeable to ill-suited placing (i.e., placing too far above the girl's capacity for development). Considers her heedless and stubborn, fairly bright, not immoral."

8. Any plans suggested for treatment by the person interviewed.

Although this order of items is not offered as a hard and fast one, it is approximately that followed by good case work agencies for long interviews. The many short entries which must go into records, and which as often as not can hardly be described as "interviews" at all, call for slight thought as to arrangement. Of course any ordering of subject matter which they do demand should follow that of the long entries. Whatever order of items an agency decides to use, it should hold to consistently, in order to save the dictator's time, and also in order that the reader may

know where in any interview to look for the name of the visitor, the interpretation, the plans of the one interviewed, and so on. It is also time-saving to use a routine formula in opening the interview record, whether it is "Called on Mr. X., 526 M. St.," or "Mr. X. seen at 526 M. St.," or "Mr. X., 526 M. St., says." The arrangement of the first four items listed above is a simple matter; that of item 6, the facts told by the person interviewed which includes the interpretation (7), the plan (8), and often information about himself (5) calls for analysis.

AN INTERVIEW ARRANGED AS SUGGESTED

Relationship, Name March 18, 1903. (M. F. S.) Called on man's aunt, Mrs. Robert Wilson, 12 Pearl St.

Facts re aunt affecting testimony For the last 5 years she has seen man only occasionally as she has little use for his wife, and he resents this. Up to that time he had been almost like another son in her house. He was a decent, straight fellow. She has heard that since he married he has been getting like his wife's family. Her brothers are loud-mouthed, profane fellows, and she is equal to either of them. He is too good to her and lets her have her own way about everything. When they were first married, Mrs. Wilson tried to show his

wife about housekeeping, but Mrs. S. has such a temper she had to stop going to his house. The children are attractive, well-behaved little boys.

Interpretation Thinks man's sickness due to his wife's not taking care of him. He was hardly ever sick when he stayed with aunt.

Suggestion for treatment Could not possibly help with money as she has so many expenses to meet, and could not take children as she has her daughter's children with her while daughter is at the hospital. Suggests that Mrs. S.'s parents be approached.

The arrangement of the facts told by the person interviewed is best discussed in relation to the leading interview with the client himself, since that is more likely to be a long one than is any other. The current history as a whole sometimes opens with this first full interview, and sometimes with a statement from the person referring the client to the agency for care. In either case, the reason for applying for assistance should be stated as near the beginning of the opening paragraph as possible. The history should start off by giving the reader an idea of the general type of situation, the kind of need he is to consider. That is, he should know at once whether he is to

read about a woman with a sick husband or an unemployed one, a wayward or a dependent child, a heart or a tuberculosis case. Although the face card may give a bare statement of this, yet since the first sentence of the opening paragraph is the most conspicuous one on the whole record, repeated mention of the general type of situation does no harm, especially when, as often happens, the person referring the client gives an ampler description of the reason for asking help than the face card admits of. When once the reader knows the type of case, he can arrange the facts as he reads in a perspective of their importance for future treatment. It is true that the need as seen by the client himself or by the one who refers him for care may be no more than a surface indication of a deeper need. Nevertheless, since the deeper need may not appear for some time, it will meanwhile enable the reader to keep the thread of the story clearer if he takes it up with at least a tentative notion in his mind of the need so far as recognized. If one compares the first few sentences of the illustrations that follow, one notices in the revised ver-

sion an immediate feeling of "getting there." The reader learns at once, in a general fashion, enough to enable him to pick out the most significant facts as he gets under way. This makes reading more rapid, a consideration we need to keep before us in record writing.

I. ORIGINAL VERSION

June 5, 1916. School visitor, Miss F., refers. She has known the family for about six months, Fannie having been referred to her on account of stubbornness. Fannie used to be late to school every morning without adequate reason, and when reprimanded, sulked and would say nothing. That has been overcome, however, and now the teacher has nothing to complain of in her conduct, but she has noticed for the last two months she has not been looking well and has lost the color in her cheeks. On visiting the home, Miss F. found that the father had been ill for some weeks and that the family are in straitened circumstances. The parents were helpful in doing all they could to try to overcome Fannie's fault. They used to live in three good rooms at No. 25, but since Mr. P. has been ill, they have moved to dark and dreary rooms two doors away.

Status June 6, 1916. Visitor called. Found Mrs. P making bread, three boarders sitting in the kitchen, and Mr. P. in bed suffering a good deal of pain. The

rooms are dark and gloomy, but they were reasonably clean, and the little children were unusually clean for the early morning.

Past life Mr. P. says that he was a peasant in Poland, and worked on a farm for others, never owning any property himself. He went to school till he finished the fourth grade, and now reads Polish papers easily and habitually. Seven years ago Mr. P. came to Merryville, and almost immediately got work with the Merryville Street Railway Co. at $2.00 a day. This work he has kept ever since, and feels sure that he can go back to it as soon as he is able to work. The family came over after Mr. P. had been here for a year and a half.

Health Five years ago Mr. P. became ill with rheumatism, and for four months was unable to work. This attack lasted from February till June. Two years ago he had a recurrence of the same trouble, and this time he was ill for eight months, from about April till December. He went to Dr. M., but thinks he received no benefit from the treatment, and believes what he was told, that there is no use trying to treat rheumatism. The present attack has lasted about four months, and has been acute for the last two months. Mr. P. has had no doctor, at first because he had little faith in their helping him and now because he has no money. He is willing to have the district doctor come in to see him, but does not want to go to stay at a hospital as he does not want to leave his family alone.

Finances Mr. P. says that during his previous attacks

the family got along on his savings. Now his savings are all gone, and he does not know how he is to meet future expenses. The family has had three boarders, but the Board of Health has ordered them out, and they are on the point of leaving. The children are now eating little except bread, and in this way they account for Fannie's paleness.

II. SUGGESTED REVISION

June 5, 1916. School visitor, Miss F., refers for family care. On visiting the home she found that the father had been ill for some weeks, and that the family are in straitened circumstances. They used to live in three good rooms at No. 25, but since Mr. P. has been ill they have moved into dark and dreary rooms two doors away. The teacher has noticed that for the last two months Fannie has not been looking well and has lost the color in her cheeks.

Miss F. has known the family for about six months, Fannie having been referred to her on account of stubbornness. Fannie used to be late to school every morning without any adequate reason, and when reprimanded sulked and would say nothing. The parents were helpful in doing all they could to try to overcome Fannie's fault, and now the teacher has nothing to complain of in her conduct.

Description of home June 6, 1916. Visitor called. Found Mrs. P. making bread, three boarders sitting in the kitchen. The rooms are dark and gloomy, but

they were reasonably clean, and the little children were unusually clean for the early morning.

Health Mr. P. was in bed suffering a good deal of pain. Says that five years ago he became ill with rheumatism, and for four months was unable to work. These attacks lasted from February till June. Two years ago he had a recurrence of the same trouble, and this time he was ill for eight months, from about April till December. He went to Dr. M., but thinks he received no benefit from the treatment and believes what he was told, that there is no use trying to treat rheumatism. The present attack has lasted about four months, and has been acute for the last two months. Mr. P. has had no doctor, at first because he had little faith in their helping him and now because he has no money. He is willing to have the district doctor come in to see him, but does not want to go to stay at a hospital as he does not want to leave his family alone.

The children are now eating little except bread, and in this way they account for Fannie's paleness.

Status Mr. P. says that he was a peasant in Poland, and worked on a farm for others, never owning any property himself. He went to school till he finished the fourth grade, and now reads Polish papers easily and habitually. The family came over after Mr. P. had been here for a year and a half.

Employment Seven years ago Mr. P. came to Merryville, and almost immediately got work with the Merryville St. Railway at $2.00 a day. This work he

has kept ever since, and feels sure that he can go back to it as soon as he is able to work.

Finances Mr. P. says that during his previous attacks the family got along on his savings. Now his savings are all gone, and he does not know how he is to meet future expenses. The family has had three boarders, but the Board of Health has ordered them out and they are on the point of leaving.

In the first illustration, the school visitor's six months' acquaintance with the family, while it adds weight to her testimony as to the change in their home conditions, yet as given at this point it merely keeps one waiting to learn her reason for referring the family. As for Fannie's stubbornness, the inclusion of this detail at the beginning of the paragraph gives unintentional emphasis to a transient childish fault.

The first full interview.—When the history opens with the first full interview, it is a mistake for this to begin, as does that in the preceding illustration, with a description of the client's surroundings. The reader, hurrying through these details to reach the gist of the case, would give them scant and impatient attention. When the history opens with an "application" statement

which gives the reason for referring the client for help, the longer interview may well begin—as does that here—with the family setting. It should be immediately and quickly followed, however, by a detailed account of the present situation as to need, rather than, as in the preceding original version, with the man's early life. Important to the social worker as is a knowledge of a client's background, it has significance only as the background *of the present situation.* In other words, the reader needs to know how things are with the client today, before he can judge what in the past has the most important bearing on the treatment of his present difficulties.

The matter in this chief interview should be organized according to topics.* This organization

* Mr. Frank J. Bruno, General Secretary of the Minneapolis Associated Charities, suggests the following arrangement for the chief interview (N.C.C.C. 1916, p. 457): (1) the present situation of the client; (2) the background; (3) the surroundings, i. e., the children, the home, and the references; and finally (4) the tentative outlook for treatment. Except for "references," which the present writer would put on the face card, the main difference between Mr. Bruno's suggestion and that above is that the latter carries analysis a step further.

may be according to the individuals in the family: man, woman, children; or it may be according to those broad concepts with which social case treatment deals: health, employment, education, and so on. The former division of the matter brings together all that the worker has learned about each member of the client's family, in this way giving a rough and tentative notion of them as individuals; the latter brings together all facts about health, employment, and so on, whether concerning parents or offspring, thus stimulating the worker to notice whether there is a relation between the health of the parents and that of the children, the employment of the man and that of the woman. In practice these two ways of organizing an interview would always in a sense be combined,* information about the man, for in-

*The reader will notice that in the illustration on p. 133 the most important change in the order of arrangement from the original is that Health, which in this instance is the key concept to the present situation, has been put almost at the beginning of the interview instead of after Status. The man's health being the crux of the difficulty, and the conversation having been with him, but little information about others in the family was forthcoming. Two lesser changes are the shifting of the statement as to

stance, being subdivided under health, employment, and so on, whereas information on health would be subdivided according to persons.

A FIRST INTERVIEW ARRANGED ACCORDING TO THE INDIVIDUALS CONCERNED

MAN *Health* June 21, 1910. Reeder called. Found Mr. F. lying in bed and the children playing on the fire escape. Mr. F. looks wasted and appears to have difficulty in talking; his breath is short and he coughs frequently. A short time after he came to this country he had bronchitis which left him weak and with pains in his shoulders and side. He went to City Hospital, out-patient department, for treatment.

Employment Through similar attacks he has usually managed to go to work. His boss at the carpet factory where he has been much of the time since he came to America understood the situation and sent him out of doors to work when he had bad attacks of coughing and debility. He has never earned more than $18 a week. All this spring he had a push cart and sold vegetables and fruit, averaging $15 a week. He was obliged to give this up a month and a half ago.

Early Life Mr. F. says he was born in the city of S. His family were comfortably situated. His father was a cook for ten years in a wealthy family.

when Mr. P's family came to this country from the caption Employment to Status, and of the sentence explaining Fannie's paleness from the caption Finances to Health.

Education Mr. F. attended school for a year or so, but played truant so often that the teacher refused to keep him. He repented later that he had not taken advantage of his educational opportunities. When very young he was apprenticed in a shop where wine casks were made. This was his trade up to twelve years ago when he came to U. S., and he earned 60 to 75 cents a day at it.

Plan Mr. F. has decided to go back to Italy as he has been planning to do for the last seven years. He is resolved that nothing shall keep him from going this time. A collection made among his relatives and friends for this purpose amounted to $20.

WOMAN *Employment* Mrs. F. is working in a candy factory, getting $6.00 a week. She comes home from work tired and discouraged.

Education She attended school in Italy and previous to marriage was a milliner's helper.

Plan She is opposed to having her husband return to Italy, and says that he has been obsessed with that idea for the last seven years.

Impression She seems slight in physique, but energetic and rather irritable.

CHILDREN *Health and Care* The two older are very thin with little color. The little boy of three looks strong. All are obedient and clean.

Here we get a good notion of this tuberculous man's health, employment, early opportunities,

and education, and of his plans for himself, with fewer facts about the wife and children.

A FIRST INTERVIEW ARRANGED BY "KEY" CONCEPTS

Health Feb. 10, 1914 (C. B.). *Mrs. X.* at home. Rooms fairly comfortable but untidy. Asks that the three youngest children be taken at once so that she may get a rest. Says she is delicate in health and has more than she can do. Someone is always sick in her family. Appears overwrought and depressed. Says *Mr. X.* has suffered from rheumatism continually for the last few years, and is now a semi-invalid, partially crippled.

Jennie has heart trouble and is very tired. Mrs. X. expects her to have to give up work any day as she can't stand it much longer. She had rheumatic fever as a child.

Frank is healthy-looking, with a nervous manner and very talkative. His mother discusses his health and nervous condition at length in his presence; says he is better. She is giving him strong tea and cereal for his breakfast, as that is all she has, although the doctor forbade him coffee or tea.

The two little children are pasty-looking, but are not sick at present, their mother says. She thinks none of the family sufficiently nourished.

Employment *Mr. X.* has just started in to work after three months' sickness, but his wife does not know whether he will be able to hold out or not. He is a

tailor, in business for himself, and makes a fair income when he is working, $15 to $18 a week. He was with Sullivan McCurdy Co. for ten years till he started in for himself five years ago. He gets very discouraged and is not a man to stay at home if he is able to work.

Jennie has been at the rubber factory for two years. She makes $7.00 a week and gives it all to her mother. The work is not heavy, but she feels the responsibility when her father does not earn, and tries to help at home besides, when Mrs. X's strength gives out.

Mrs. X. has attempted to go out cleaning, but gets sick every time. Says she can't even take proper care of her own home.

Education *Frank*, fourteen, goes to the Yorkville School; is in the eighth grade. Appears unusually bright, evidently proud of having kept up in spite of absences.

Josie, ten, at the Stuyvesant School is in the fourth grade.

Tom, seven, in the second.

Finances *Jennie's* earnings have been the only income since Mr. X's illness, and as she has had to stay home because of her health several times, she has not always made the $7.00. The rent is two months behind, and they owe the grocer $12.50. No other debts.

Relatives *Man's* parents are dead. He has one brother living in Pike, married with seven children; has all he can do to take care of his own family.

Woman's father dead, her mother, Mrs. Joseph Mulroy, lives with a single sister at 56 Westwood St.

A married sister is Mrs. William Fogarty, 327 Caldwell St. None of these people could take the children or help in any way, she thinks.

In this last interview we get the family health, employment, finances, each as a total picture. Does not the drawing together of all the facts about health raise the question as to whether there may not be something wrong with the family living conditions, whether the parents do not need careful education in health laws as well as material relief?* Of course an agency whose special function would lead it to treat certain of these individuals separately—Frank, for instance, or his younger sister and brother—by taking them out of the home for a period, might not regard it necessary to consider their health in relation to that of their family. Yet since the

*That a worker's engrossment in the health of one member of a family apart from that of the others often leads to halting and ineffective treatment has become impressed upon the writer from the reading of many records. This is especially striking where undernourishment may have contributed to the illness of the patient. Other members of the family, especially the children, are also likely to show the effects of insufficient or unnutritious diet.

children would presumably have to return to their parents at some time or other, a progressive children's agency would probably feel that they had better go back to parents who had been taught the laws of health and who had earnings adequate for carrying them out. In other words, such an agency would feel that it must take account of the health as well as the occupation and earnings of this whole family. The facts on employment also, it would find, when those of the whole family are brought together, would show the effect which the parents' inadequacy to their responsibilities is having upon the daughter, both as to her tenure of employment and as to her health.

Which of these two methods of arrangement one uses would depend upon the sum-total of facts which the investigator gets from the client. When the need, as in the illustrations on pp. 132 and 137, arises mainly from a disability in one member of a family, naturally the worker will be likely to have more information about him than about the others and will arrange her recorded interview under the head of the various persons

in the family group. When, as in the illustration on p. 139, the need arises from disabilities in more than one member of the family, the worker may get much matter about several of the group, and so may find it clearer to organize it under the general social concepts. In either case, what she should do is to go over her facts before she dictates, noting which are the most salient, and selecting captions to arrange them under accordingly. To dictate the story as it has come from the client, who is quite possibly not clear-headed, is to give the reader a confused account of that which must be appraised not as just friendly talk but as a problem demanding solution. As before shown, the first business of the record is so to arrange the facts in the client's situation that they reveal the problem.

In the collateral investigation the interviews with employers, relatives, and others, should each be organized after the same general plan as the interview with the client.*

The Diagnostic Summary.—A feature of the record which should prove as important as any

* For illustration see p. 127.

and yet which has not yet been generally adopted by case workers, is a definite statement of the problem or problems presented in the client's situation, a diagnostic summary of the evidence brought out in investigation.* Anyone who has done much record reading knows how often it is that even the careful reader has to turn to the visitor on the case in order to find what the difficulty is. Indeed, without this supplementing of the history, one who wishes to see the situation as it looks to the visitor who has been talking and working with the client must read a history through slowly once, and then go back laboriously and work out an interpretation of its evidence. This interpretation is "diagnosis," the process of getting at the key conceptions to which the facts in case histories point.

Key concepts and causal factors.—Let us pause for a moment to consider what is involved in making an interpretation of a client's problem. It should not be called "interpreting" a case merely to select out from the recorded items any

*Richmond, Mary E.: Social Diagnosis, p. 361. Russell Sage Foundation, 1917.

one or two causal factors. This is rather the preliminary step toward interpretation. What has just been called the "conception" to which the facts in the case point is simply the idea of the whole network of cause-effect items which constitute it a "case." That is, the conception of a case of tuberculosis is the total composite idea of such items as insufficient light and air, undernourishment, ignorance of hygiene, depleted vigor, delayed or disregarded medical advice, the tubercle bacillus, overexertion, unemployment, and so on, some of these being what in common parlance we call "causes" of certain of the others, and some "effects." The social diagnosis must include this whole nexus of causal factors which make up its explanation. Take, for instance, the sample "Diagnostic Summary" suggested by Miss Richmond.* This is an interpretation of the needs of a family in which the husband and father has fairly advanced tuberculosis, and the wife and children are not vigorous. As the man is unskilled and has been ill some time, there are no savings. The man had not responded to his phy-

* *Opus cit.*, p. 361.

sician's advice that he go to a sanatorium, and it developed that his wife opposed his going partly because she did not realize the seriousness of his condition, and partly because she feared lest her home be broken up and the family separated. Once the social worker had convinced her on these two points, her husband went away for the needed care. As causal factors in the case Miss Richmond gives the wife's reasons for influencing her husband to remain at home—her failure to appreciate his condition, her fear that the family would be separated. These certainly are causal factors, but the worker should press on to the question, What do they point to? What concept or concepts do they indicate as explaining them and as calling attention to other facts in the case which may confirm this explanation? Does not the wife's failure to appreciate her husband's condition even after he had got a physician's advice indicate "ignorance of the laws of health"? Had the worker identified such ignorance as a key concept to which this fact could be referred, her experience would have told her that included in this concept "a mother uninformed as to health

laws" is the failure to observe and know the meaning of the less acute or conspicuous symptoms of illness and the taking for granted of a certain amount of slight ailment (as an ignorant person would think it) in children or in a married woman. Ignorant mothers are often both unobservant and fatalistic. Workers are all familiar with the resigned acceptance of preventable illness expressed in the words "it was to be." The recollection of this recurring fatalism would have led the worker to look to the amount and kind of attention which the mother was giving to her own and her children's lack of vigor for a confirmation of this worker's hypothesis as to maternal ignorance. The worker would then have induced her to go to a doctor, would have learned that she was herself tuberculous; and would have seen that she had instruction in hygiene. Thus the one omission in an otherwise well-handled case would have been avoided. The worker fell short in her diagnosis, and therefore in her treatment of this family, just where her thinking lacked definiteness. The causal factors in this instance are all the factors which correspond to the com-

ponent parts of the concept "wife and mother ignorant of health laws." The second causal factor given by Miss Richmond, the wife's fear that her home might be broken up if her husband went to a sanatorium, points to a different conception, "ignorance of social resources." Such ignorance is so common in clients that the fact and its significance may be said to have become identified as one key to their conduct.

Since any interpretation of facts relates them to a key concept, the interpretation of social facts, which in case work lie in many relations of the client's life, relates them not to one concept but to what might be described as a constellation of concepts. Some of these meanings may be economic, some medical, some psychological and social. For this reason Miss Richmond's term "Diagnostic Summary" for the statement of an interpretation in social case work is more accurate than the word "diagnosis," which carries associations from medical cases where a single causal factor may explain the difficulty.* It is possible that these con-

*As to whether or not even medical diagnoses will continue to be regarded as complete which leave out of account

stellations of meanings, or of causally interwoven factors—different names for the same thing—are recurringly constant. That is, more knowledge and study may show that a certain type of sex misconduct in a girl is accompanied by other fairly constant characteristic social relationships and economic situation, that a given sort of mental make-up is found again and again in conjunction with the same social maladjustments. A few years ago social workers assumed such a constant conjunction to exist between feeble-mindedness and filth, immorality, drunkenness, disease, unemployment, petty crime, dependence. Today we speak with more caution, wider knowledge having shown us that different kinds and degrees of mental defect carry with them different kinds and degrees of social disability. Just what these

important causal factors of a social sort, the layman should perhaps withhold himself from speculating. For several years the social symptoms in mental cases have been listed by the Boston Psychopathic Hospital Social Service with a view to determining whether any such persistent relation between maladjustments exists; whether, in short, we shall in time be able to classify and to name our various social diagnoses with a precision comparable to that of diagnosis in medicine.

differences are we know as yet only in a tentative way.

The marshalling of the causal factors.—The present writer strongly advocates the making of a diagnostic summary at the close of the investigation into a client's need. The following example will show what such a summary does. The causal factors in the case can be listed under captions that correspond to the following general scheme of analysis:*

I. The Physical and Mental Basis of the Case
   - A. Heredity
   - B. Physical Development
   - C. Mental Development

II. Relationships Involving Adjustments of Character and Social Situation
   - A. Family
   - B. Sex
   - C. Occupation
   - D. Recreation
   - E. Religion
   - F. Rehabilitation

*As is evident, Division II of this scheme uses the various social relationships as the basis of analysis.

As applied in a specific instance, the summary takes some such form as follows:

FACTORS IN MURRAY CASE (NON-SUPPORT)

Frank	40	Robert	9
Theresa	38	Sarah	7
		Grace	5
		John	2

MAN. I.

A. *Inconclusive Heredity:** his father an English clergyman; his younger brother's mind gave way from overstudy (according to wife).

B. Physical Development————————?

C. Mental Development. *Unstable?* (Layman's query.) A self-extoller, lying, roving, thieving (see below).

II.

A. Family. *Irresponsible husband and father:* affectionate with his children; defrauds family by pawning household effects and incurring debts in wife's name; one desertion of two months; household unsettled by frequent changes of habitat.

*The writer offers the diagnostic terms used here and on pages 169 sq. as merely tentative. The coining of apt descriptive phrases for the purpose of diagnosis and the getting them uniformly accepted might well be undertaken by a committee on terminology. For a long time to come the concepts, as in the illustration, will need to be followed by the evidence, since otherwise one worker will take "irresponsible father," for instance, to mean something quite different from what another does.

B. Sex————————?
C. Occupation. *Doubtful employability:* earning capacity $60 per week when at his best; dishonesty—petty larceny and forgery, lying, roving disposition.
D. Recreation————————?
E. Religion————————?
F. Rehabilitation. *Non-support treatment:* man in jail for six months.

WIFE. I.

A. *Inconclusive Heredity:* father a crippled tailor; mother reported as tidy but not intelligent; sister Nora unresponsive, appears dull, indiscreet with employer.
B. Physical Development————————?
C. Mental Development. *Subnormal?* (Layman's query.) State of upset nerves.

II.

A. Family. *Unintentional neglect of children:* much concerned for children's welfare; shows sense of responsibility; determined man shall not return to make trouble; away from home at work but cannot control children when at home; respectable; children all lack vigor and all disobedient; oldest boy (nine years) roams streets, has begun smoking, has had bad influence on sisters.

Fraternal affection: sister available as contributor and helper with children.

B. Sex————————?
C. Occupation. *Poor home-maker;* untidy in person

and household; can earn $7.00 to $8.00 per week at office cleaning; overworked.

D. Recreation————?

E. Religion————?

F. Rehabilitation. *Treatment for overworked dependent mother of doubtful efficiency:* open to advice from church and from social agency.

Each of the conceptual factors named in this outline is followed either by sub-factors which bear a causal relation to it or by a defining of the factor itself. Thus the factor "doubtful employability" is followed by its causal sub-factors "dishonesty," "roving disposition," whereas the factor "irresponsible husband and father" gets defined by the sub-factors "one desertion of two months," "household unsettled by frequent change of habitat"; and the factor "woman's unintentional neglect of children" gets defined by the items "much concerned for children's welfare," "cannot control them," "children all lack vigor and all disobedient," and is also followed by a causal sub-factor "away from home at work." The conceptual factors "unstable" and "subnormal" would of course be admissible keys to causal sub-factors in the case were they more than a

layman's guess. Fundamental as are disabilities of a mental sort, in a *social* diagnosis it is the social aspect of character; namely, conduct, relations with people, which should be emphasized; so that the medical, including mental, explanations of conduct must hold for our descriptive purposes a subsidiary place. Therefore, even though we knew from competent medical opinion that the man in the family cited showed a psychosis and the woman some slight defect, we should yet in our own social description name the outstanding factors *employability, poor home-making, neglect.* These are the phenomena which as social workers we are primarily concerned to influence.

The diagnostic summary here given shows the "constellation of conceptions" spoken of on p. 148; namely, "irresponsible husband and father," "doubtful employability," "subnormal (?) mentality," "unintentional neglect of children," "poor home-maker" as general conceptions, and "self-extoller," "unsettled household," "dishonesty," "upset nerves," "disobedience of children," and "overwork of mother" as specific subsidiary

concepts and causal sub-factors.* These are the concepts which point to treatment, and are therefore the ones which should stand out at the place in the record where investigation ends and treatment begins. It takes time to make such a summary. The question to be answered is, however, does it take more time than it does to do the thinking that must precede the most effective treatment? It has struck the writer that sometimes when an outsider who has read a record turns to the worker, as she often must, in order to find out what the trouble is all about, the worker for the first time sets herself to interpret the evidence she has got. She improvises a diagnostic summary under someone else's challenge. For

*A comparison of the social problem diagnosed on p. 151 with that outlined on p. 169 will show both to be problems of non-support and both to number among their factors of maladjustment (see Chapter VII, p. 208) *doubtful employability* as a general concept, and *dishonesty* and possibly *mental disorder* as concepts subsidiary to this one. In spite of possibly important differences between the two men and in spite of the lack of information to make the two diagnoses strictly comparable, there is enough resemblance between the two to illustrate the suggestion that certain maladjustments recur in conjunction because there are causal relations to be disclosed among them.

the sake of her client she should take time to make this interpretation without depending upon the chance of a personal stimulus.

The resulting plan.—After the worker has made out such a summary, she is ready to form a plan of treatment herself or to ask a committee to form it. The plan entered on the record should indicate the immediate steps to be taken to help the client, but always with a view to their bearing on the larger purpose foreshadowed in the concepts of maladjustment as given in the diagnostic summary. The details in case work treatment are so numerous and at least temporarily so important that it is easy for the worker to lose her sense of proportion between means and ends. It is easy for the placing-out visitor, for example, to think of the purchase of a spring suit, which is a means to the child's need of warmth, proper associates, and self-respect, as an end in itself. It is easy for the secretary in a family agency to lose sight of the fact that the allowance raised for a widow from several sources with unremitting labor is but a means toward good standards in home life. The moment the worker lets herself

forget the larger need, she will find her absorption in details reflected in a loss of perspective in her record. Important things will appear small in a history where small things are always to the fore. She then must hold before her mind the major concepts of maladjustment in her client's case with their treatment implications.

Even if, as will sometimes be the case, the investigation fails to indicate one course of treatment as preferable to another (or, in other words, to point to the diagnosis with reasonable certainty), a worker of experience will always have some ground, however meager, for a tentative diagnosis and plan. The treatment evidence that follows and that shows the testing of the plan should have a cumulative import that will reveal the correctness or incorrectness of the worker's diagnosis of her client's need.

The committee vote, the supervisor's directions, or the worker's plan, ought to fill as important a place in the history as it is recognized to fill in the actual business of helping a client. Writing a vote in red ink is merely a formal recognition that it ought to be important. To be

really important, i. e., to influence the succeeding treatment, it (1) must be based on an interpretation of the client's situation, (2) must be specific, and (3) unless the reason for the plan is clear on the face of things must give that reason. Where the worker has made no diagnostic summary, her committee's vote is apt to fall short of these requisites. For example, a worker whose problem, as her recording shows, was that of a periodic hard drinker and an amiable but incompetent housewife, received from her committee the following directions within one month:

> Ask minister to take an interest in the family. Provide shoes for the little boys so that they can enter school.
>
> (Two weeks later) Ask dietitian to try the family for a month and then reconsider income.
>
> (One week later) Investigate work with alcoholism among men at Foster Hospital clinic.

A careful diagnostic summary of this family's need as it appears from the investigation would have supplied the basis for a plan to include all of these directions from the outset. This would have hastened treatment. Then the first vote might well have stated specifically what was ex-

pected of the minister, the second vote might have given the reason for a reconsideration of the family income, and the third vote the purpose of the inquiry at the dispensary. All this would make the total plan read:

Ask the minister to persuade the parents to attend church and to send the children to Sunday school; to urge the man to take the pledge and join the Men's Club connected with the church. Ask the dietitian to visit the family for a month in order to determine whether the man's income is too small to be a case for supervision. Investigate work with alcoholism among men at the Foster Hospital clinic to learn whether they deal with men who are neither chronic nor confirmed drunkards, and if they do, consult Dr. X. about Mr. G's case.

A children's agency shows the following outline for treatment of a wayward girl:

Place out to ascertain whether Margaret can respond to good influences, or whether she is defective or psychoneurotic. At end of six months take to Dr. S. for re-examination. She should be observed as to

1. Health, especially cleanliness and sex life.

2. Powers of work in household duties and in school, especially arithmetic (her weak point) and music (her strong point).

3. Moral traits, especially truthfulness and honesty.

This recommendation gives evidence that it has been preceded by a tentative diagnosis of the girl's difficulties, a diagnosis which is to be confirmed or set aside according to the result of treatment; it specifies what is expected of the visitor in the case; and presents the reason for the plan, i. e., to get an accurate understanding of the girl's traits and possibilities. Compare such an outline with the mere bald entries, "Accept girl for placement," or "Place out with motherly woman." The fuller outline not only makes a record easier reading, it also encourages the visitor toward purposeful thinking and action.

With a diagnostic summary and a specific plan, treatment of a client's need thus gains in purpose and therefore in effectiveness. One might say that the worker does more significant things, in the sense that what she does for the client points to or is moving toward some clearly conceived end. Every entry in the record should have a relation to this end, either by way of furthering it or by showing why it cannot be furthered. Purposefulness of treatment, however, does not mean that the worker should make a hard and fast plan

and impose it upon her client. The best of plans must be held subject to constant revisings as the client's situation alters in one respect or another, and all treatment adapts itself to the client's wishes and ambitions.

VI

THE NARRATIVE IN DETAIL (Continued)

FOLLOWING the plan for treatment come the pages of the record devoted to the story of the treatment itself and of the continuing development of the problem. This part of the narrative history is especially apt to be confused, because the subject matter changes from one paragraph to another.

The Record of Treatment.—*Treatment items a melange.*—On a single page the mind of the reader may have to switch from health to finances, from behavior to winter underwear, from the securing of a non-support warrant to a letter of thanks for a Christmas dinner. This makes for an extremely disconnected "narrative," as the illustrations which follow show. The words in the margin note the change of topic. These excerpts from good records of two well-handled clients are typical. It is evident that in recording treatment we cannot even aim at a connected narrative in the

sense meant by the rhetoric books. The second illustration, that from a family problem, shows especial disconnectedness, the subject here shifting not only from topic to topic, but from one member of the family to another. Because of these constant breaks in the thread of the story it is more difficult for family than for other case work agencies to make their records clear. While reading a number of records of family agencies, the present writer has found herself from time to time noting one or another history as being remarkably easy to grasp. In every instance it proved to be a family in which the problem was pretty much confined to one member: illness in the father, erratic conduct in the mother, special training for son or daughter. The records of children's and of medical agencies have always this advantage of a relative singleness of aim, since they are concerned each with one client, as a rule, and with a fairly definite problem as shown in that client.* Compare, for example, the two

*If, as may happen, family agencies develop more intensive care for the children in the household, the writer questions whether it may not become advisable for the

treatment records that follow. The italicized marginal comments indicate the changes in the subject matter of the paragraph.

TREATMENT RECORD

A boarded-out boy of thirteen, troublesome and not vigorous.

Special lessons Sept. 9, '15. Telephone from Mr. Foley, Clarence's boxing teacher, Pottstown, Clarence making good progress.

Education and Conduct Sept. 22, '15. Letter from Mrs. Shirmer, foster mother, Berlin, Clarence well. Enjoys school and learns easily. The teacher likes him. Still fibs, but shows some improvement.

sake of clarity and time saving, that they should have a sheet for each child, separate but kept in the folder with the family history. Even should a family agency work with but one child it might, unless no family problem exists, use a separate sheet so as to keep this one child's development from completely overshadowing problems affecting the family as a whole. The objection which has been raised to this proposal is that the reader would lose the bearing which the family history had on the child, and vice versa. Such an objection would have weight, were the reader able to get at this bearing readily at present. As it is, however, almost any method is worth at least trying out which promises to bring greater consecutiveness into treatment records.

Health Oct. 13, '15. Mrs. S., foster mother, Berlin. Clarence walks to school twice each day, a mile and a half, and enjoys the exercise. Also Sunday the same distance to church.

Conduct, Education Now keeps himself clean with less prodding and is more satisfactory at chores about the barn. At open air school entered sixth grade and is doing well.

Oct. 15, '15. Letter from ditto to same effect.

Conduct Oct. 30, '15. Letter from ditto. Has had Clarence discontinue boxing lessons because he is inclined to pick up acquaintances en route with loafers around the billiard room and saloon, and so on. Foster mother feels she must watch him pretty closely.

C's father Nov. 17, '15. Letter from ditto. Clarence's father has visited him. Went to Clarence's school and showed pleasure at his improvement.

Health and Conduct Nov. 23, '15. Letter from ditto. Clarence's health improved. School report rates his conduct as 80—only fair. Will inquire.

Finances Nov. 23, '15. Letter from Mrs. Peters, Xenia. Encloses $24.50 for Clarence's board. See Expense Sheet. Has heard that Clarence's uncle in New Jersey is superintendent in a large factory and should pay Clarence's board. If he won't, Mrs. P. will continue efforts to raise the money.

Conduct Dec. 14, '15. Letter from Mrs. S., foster mother. Clarence's improvement continues. May he go home for Christmas?

TREATMENT RECORD

Deserted woman, two daughters and one son by previous marriage, the eldest married.

Health—Jessie Nov. 13, '12 (F. S.). Miss Smith reported Jessie (youngest) examined at Farnsworth Hospital. Case of acute chorea; not advisable to remove tonsils at present; heart affected. Will keep Jessie three or four weeks.

Home condition Nov. 14, '12 (M. A. V.) called. Mrs. W. at home alone; had just finished lunch; room very warm, clothes boiling on stove. Mrs. W. said Jessie reluctantly went with Miss Smith. Had letter from Miss Smith saying Jessie would be in hospital three or four weeks, and then convalescent care would be procured for her, if possible. Asked Mrs. W. to bring Harry to Van Zandt Dispensary soon.

Health and Conduct—Son-in-Law She thought Mr. Richards (her daughter Annie's husband) was examined at Consumptive Hospital; was told to return on the 15th. Mr. R. has treated Mrs. W. badly; while under the influence of drink became angry and struck her. Mrs. W. has no use for him. Thought him "so nice" before they were married; now regrets marriage.

Family relationship Mrs. W. said she would like to reach Mr. W. (her second husband) for she thinks he would return to her, and she needs the additional money. Says Mr. W. is a good man, has good prin-

ciples, only Annie and Harry could not get along with him. Thinks Jessie of different disposition and would be happy with Mr. W. Harry could stay at Annie's house if friction recurred.

Whereabouts of second husband Mr. W. was married first time in Peoria, then went to Chicago; had six children, five of whom died. When Mr. W. married Mrs. W., his son a boy of fourteen was living with an aunt and working at Rosenbaum's Department Store. Thinks perhaps Mr. W. can be reached through this information.

Health—Jessie Nov. 20, '12 (M. A. V.) Telephoned Farnsworth Hospital, Social Service Department. Jessie is having every care and is contented. Should have convalescent care after she leaves hospital, if home conditions are not good. Suggesting Mountain View House, family agency paying board.

Son-in-law, Finance, Health Nov. 20, '12 (M. A. V.) Saw Mrs. Richards, who said Mr. R. had made out application for compensation from the Government. Mr. R. was examined at Consumptive Hospital and told that he is in no condition to work. Has active tb. and will go away if, after examination on the 25th, it is considered necessary.

Health—Jessie and Harry Mrs. R. says Jessie is having splendid care at hospital and is contented and happy. Harry has been examined at Van Zandt Dispensary, has tonsillitis and is to return for further examination on the 25th.

Suggestions for clarifying them.—In order to clarify the treatment record by making the more important of the various subjects of discourse stand out from the less important, the writer offers three suggestions:

First, that diagnostic summaries be made not only when investigation is reasonably complete but at the close of each episode or phase* of treatment. Social workers recognize that when, as is often the case, the client's need extends over many months or even years, his situation is likely to show a succession of phases, each calling for a diagnosis somewhat different from the one previous. This brings it about that in a long-continued case problem, it is a question not of getting at one "constellation of meanings," or diagnosis, for good and all, but rather of modifying the diagnostic summary from time to time. Not

* A "phase" may represent some one especially important treatment act which alters the problem, like the removal of children from their parents, or the getting a patient into a hospital, or it may represent some significant incident in the client's life which will change his situation; e. g., the inheritance of a few hundred dollars, the death of the wife and mother.

only may the circumstances of the client change in the course of events—that goes without saying —but the action which the social case worker follows in the first instance may become a causative factor in the succeeding phase. For example, the first three phases in a successfully treated family whose need lasted several years show the following changes in diagnostic summary:

FACTORS IN ROBERTSON CASE

James	33	Margaret	9
Mary	30	Ethel	7
		Garrett	4

I.

MAN. I.

A. *Inconclusive Heredity:* his father said (by sister-in-law) to have died a hopeless drunkard.

B. Physical Development. No information.

C. Mental Development. *Unstable?* (No examination—a layman's query.)

II.

A. Family. *Selfish and irresponsible husband and father:* extreme groundless jealousy of wife; threatens to take children from her; talks coarsely before children at times; has never supported family; dresses well when children hungry on plea he must in order to get work; children sometimes underfed and poorly clad; no settled home.

B. Sex. *Irresponsible sex conduct.* Marriage forced by woman's family.

C. Occupation. *Doubtful employability:* suspicion of dishonesty; overbearing disposition (wants to be boss, can't take orders); laziness; can earn good money "when he feels like it" (according to brother-in-law).

D. Recreation————?

E. Religion————?

F. Rehabilitation————?

WIFE. I.

A. *Stable Heredity* (so far as known); relatives all self-respecting and self-supporting.

B. Physical Development normal: has good health.

C. Mental Development good: intelligent woman according to former employers and social worker.

II.

A. Family. *Conscientious wife:* left man a year ago when home had to be broken up and children placed because of no support; returned in a few days because thought it her duty. *Responsible and anxious mother:* apparently now determined to separate from man for children's sake; worried over his influence on children and over his threats; children have good health and careful training; woman worked occasionally to get food for children. Cohesive family: relatives ready to help so far as able.

B. Sex. *Indiscretion:* early marriage forced, in love with man.

C. Occupation. *Reliable, unskilled worker:* wage-earner

on leaving grammar school; cleaning-woman and amateur dressmaker; upright and industrious (according to employers and social worker). Kept as good a home as uncertain income permitted.

D. Recreation————?

E. Religion. *Loyal churchwoman.* Careful about children's religious training.

F. Rehabilitation. *Treatment for long-continued and aggravated non-support:* church and relief agency interested to assist; no savings or income.
Plan: To further legal separation.

II.

WOMAN. I.

A. Heredity—as above.

B. Physical Development—unchanged.

C. Mental Development—unchanged.

II.

A. Family
Broken yet secure home: LEGAL SEPARATION FROM MAN.
Responsible mother: man's imprisonment (for larceny) relieving woman of worry lest he take children.

B. Sex————?

C. Occupation. *Vocational handicap:* slight education; lack of vocational training; mere knack at dressmaking; scarcity of regular half-skilled or unskilled work within hours allowing of care for children.

D. Recreation————?

E. Religion——as above.

F. Rehabilitation. *Treatment for dependent but reliable*

mother: continuing interest of church and relief agency; relatives unable to help further; no savings or income. Plan: To raise an allowance.

III.

WOMAN. I.

A. Heredity—as above.

B. Physical Development—unchanged.

C. Mental Development—unchanged.

II.

A. Family. *Blameless partial neglect of children:* irregular or hurried feeding of children at times; insufficient oversight (because of demands of work).

B. Sex————?

C. Occupation. *Good vocational promise:* ambition for self-support; certified knack at dressmaking: discouraged conviction she can never support children by unskilled dressmaking or by cleaning, and anxiety over uncertainty of income; scanty education due to necessity for earning on leaving grammar school, to lack of opportunity in native village, and to early marriage.

D. Recreation————?

E. Religion——unchanged.

F. Rehabilitation. *Treatment for dependent mother in need of vocational training:* ALLOWANCE HAS PROVED SUFFICIENT, WITH SOME EARNINGS, TO INSURE HEALTH AND DECENCY BUT NOT TO PREVENT CONSTANT ANXIETY IN A PROVIDENT WOMAN; interest of certain individuals in giving woman opportunity of training; co-operation

of public agency in placing children where mother could visit them during training period.
Plan: To give woman training as dressmaker; children to be boarded by public agency.

The capitalized passages in Diagnoses II and III show in each instance the previous action of the agency which has become a causative factor, here phrased as a concept entering into its succeeding diagnosis. In this family difficulty, the general description of which is "non-support," the legal separation furthered by the agency at the woman's wish marked the end of the first phase of treatment, and radically changed the nature of the social problem. We are now dealing no longer with a non-support problem, but with a dependent mother one. This changes the main concepts in the case from "selfish husband and father," "doubtful employability," "conscientious wife," "reliable unskilled worker," "treatment for aggravated non-support," to "broken yet secure home," "vocational handicap," and "treatment for dependent and reliable mother." The situation now turns on the woman's qualifications as breadwinner, instead of on the man's. In the

third phase the woman asks for training, and the concepts making up the diagnosis are "blameless partial neglect of children," "vocational promise," and "treatment for dependent mother in need of vocational training." One of the factors which plays a part in her discouragement and her desire for vocational opportunity is the amount of the allowance secured by social agencies. The two main treatment acts of the agency in charge were then, first, to help the woman secure legal separation; second, to raise an allowance for her which she had to supplement with uncertain earnings. It is evident that treatment in both instances vitally affected the client's situation and therefore affected the diagnosis.

The same thing would be true in a child welfare case in which the children were first removed from neglectful parents and then were boarded out. The removal from the parents becomes a causative factor necessitating a substitute home, and bringing to light other problems, such as that of training a child with inherited peculiarities of temperament. Does this not point out clearly what we have all more or less recognized, that

since an agency's action in a client's situation operates in varying degrees actually to change the nature of his problem, therefore, once having interfered in his life, we are under an obligation to see him through his troubles to the extent of our ability?

These summaries, made at turning points in the client's story, would not only supply a connecting link between the succession of events recorded, showing the purposefulness of treatment that underlies their apparent disconnection, but would, by revealing any lack in clear purpose, tend to make a conscientious worker stop and do the thinking she has neglected to do before.

The second suggestion for clarifying the treatment record is that in any entry the most important matter be placed at the beginning of the paragraph where it will catch the eye of the reader most readily.* Whereas in ordinary writing the last sentence of a paragraph is equally conspicuous with the first, in record writing,

*Needless to say, should all the facts to be entered from one interview be of apparently equal importance this suggestion would not apply.

where the paragraphs begin with the date and the source of information (facts which since they affect all that follows the reader must look at first anyway), the beginning of a paragraph is more conspicuous than the end. Therefore, by finding the most important fact in each paragraph at the beginning, the reader will not only get leading points more clearly, but should he wish to recur to any special fact of importance, he can run down the length of a page more quickly.

The third suggestion is that marginal signs be used to call attention to facts of special importance to the problem under care. Since the significance of entries in a record is always a question of degree, we can recognize certain ones even among the important facts in any history as making more difference to successful treatment of the case in question than do others. The worker could bring such facts into the foreground by indicating in the margin those items in the treatment record which show changes in or development of the causal factors as given in the diagnostic summary. In the treatment following Summary I, p. 169, the facts to be thus made to

stand out would have been the mother's lack of vocational training, knack at dressmaking, the scarcity of work she was fitted for, and the inability of relatives to continue help; in the treatment following Summary II the facts to be noted would have been the woman's vocational discouragement and the reason for it, her worry in spite of the allowance, her partial neglect of the children and its explanation.* These facts all represent changes which have appeared in the causal factors in the problem. In medical social cases, although the treatment record would always emphasize health, there would be certain social facts which might be marginally noted because so closely related to health as to carry equal significance for successful dealing with the patient; e. g., anything in the patient's temperament or circumstances that stood in the way of his carrying out the physician's directions.

*The interest of certain individuals in financing this mother's training and the co-operation of the public agency in placing the children, being parts of the treatment process the importance of which, although great, is temporary, should not be made conspicuous by any marginal sign.

These important or significant facts noted in the margin will often be one with evidence as to the client's social relationships. Since these relationships are the special field of the social worker, and since it is in these contacts that an individual develops and reveals personality, emphasizing facts of personality in the record would emphasize that part of the social worker's function which calls for most insight and skill. Concepts indicating temperament, character, personality will appear constantly among the causal factors in the diagnosis of social case work problems. Therefore the worker who wishes to give prominence to the especially significant treatment entries will often find herself putting a marginal sign opposite facts which indicate personality. This would be true in spite of the fact that our work at present is primarily with income, with the securing of hospital care, employment, vocational guidance. As Mary C. Jarrett has remarked:

"So far social case work has dealt mainly with the elementary facts of social adjustment: income, employment, housing, housekeeping; and with the primary

social problems: how to find a job, to bring a deserting husband from another state, to get milk for the baby, convalescent care for the sick, to move a family to a better house . . . We see case work about to pass into a psychological phase . . . No one will be able to say when or where factors of personality rather than factors of environment began to be the dominant influence in social case work. It is clear that environment prevails at present. It is becoming evident that personality will become the leading interest in the future." *

In thinking of personality as the center of concern in social case work, does not Miss Jarrett mean personality as identified by its response to the complex social environment of modern life, and as developed and expressed through its various social contacts?

In any study of personality as identified by its response to environment social workers must necessarily follow behind the psychologists. Although the latter have got but a short way on the road toward a "science of character," social workers could apply whatever knowledge is as yet available. It would be a beginning toward this if

*"Psychiatric Social Work," p. 287, in Mental Hygiene, April, 1918.

we were to identify and report such ascertained marks of personality as disclose themselves in connection with the elementary facts of social adjustment.

"Color" in the Record.—It is mainly the depicting of a client's personality which workers have in mind when they speak of putting "color" into records. By color they mean an individualizing of a client by recording such incidents about him as will make him seem a living person and not a marionette. Records in which the clients might be interchanged without apparently altering the problem of either will occur to anyone familiar with these social documents. Two deserted women may be distinguishable from each other not by any hint as to their traits of character, but by the fact that one has five children and the other three; one is robust, the other fragile; one Polish, the other French Canadian. Two husbands may differ only as to their age, birthplace, and the names of their employers. This may answer all practical requirements if what the worker needs to do for these clients is merely the raising of allowances for the women

and the directing of the men to jobs. Having satisfied herself that the women are respectable and are reasonably good mothers and that the men are honest and sober, she can pass on to treatment.

Normal and abnormal traits.—The social worker has to deal right along with a certain number of clients whose situations call for the use of only "the elementary facts of social adjustment: income, employment, housing, house-keeping." These are fairly normal people whose problems are not complicated by any pronounced inadaptability of character. The adjusting of their difficulties may not be easy, but it can often be done satisfactorily with the extreme minimum of character insight. The moment the worker finds a need of influencing the conduct or the decisions of her clients, she must get at an understanding of their inner life. At present, character study which is sufficiently formulated to be reflected in records is to be met with mainly in the case of clients who are something other than what we call normal. In this early stage of "characterology" the observing of exaggerated and unorgan-

ized traits is not only easier than the study of "normal" persons but it affords a fruitful method for getting light upon normal human personality.*

Relevant and irrelevant "color."—A method by which social case workers sometimes attempt to individualize a client is to give a short description of his appearance; "a heavy-set man"; "a short, spare woman"; "she wears her hair in gray puffs"; "little freckle-faced boy." In estimating the value of such description we must bear in mind that workers are writing their records not for the entertainment of drama seekers, but to further social case treatment. Any fact which does not advance this purpose is out of place, inappropriate, drawing both the reader's and the case worker's attention away from the problem. Is treatment ordinarily furthered by the knowledge that a woman is short? Should we do some-

*"Insane conditions have this advantage, that they isolate special factors of the mental life, and enable us to inspect them unmasked by their more usual surroundings. They play the part in mental anatomy which the scalpel and the microscope play in the anatomy of the body." James, William: The Varieties of Religious Experience, p. 22. Longmans, 1916.

thing different if she were tall? Are there any conceivable circumstances in which gray puffs on a woman's head or freckles on a child's face would alter treatment? These facts do not point to traits of character, they do not suggest personality. Even were we writing novels instead of case records, a description which has no bearing on the development of the plot would be out of place. "Too frequently the amateur gives his people an inventory of features merely for their own sake—a bright blue eye, or a mole on the chin, a little nervous habit of tightening the necktie, or a slight stammer in speech—without asking if these are in any way characteristic features . . . . The details that finally count for us are those emphasizing the *rôle the character plays*."* Or again, "If the appearance of the actors (in a story) has absolutely nothing to do with the reader's interest in them or in their actions, the least said about it the better."† The

*Campbell, O. J., Jr., and Rice, R. A.: A Book of Narratives, p. 286. D. C. Heath, 1917. Italics not the authors'.

†Albright, E. M.: Descriptive Writing, p. 97. Macmillan, 1911.

social worker's interest and that of any persons who read her records is either the practical one of treatment or the scientific one of study. She therefore should select her descriptive facts in the light of this interest.

There is description, however, which is relevant to social case work, which furthers its purpose. Take these facts about a wayward girl:

> Is medium height, very dark, complexion clear, black hair, glittering eyes, bridge of nose somewhat flattened, teeth good and have been taken care of, shows evidences of negro blood. She laughs constantly and seems to be in excellent spirits.

The evidence of negro blood with its bearing on character would of course affect treatment, as would also the girl's good spirits. Indeed, the appearance—face, figure, manner, dress—of any young girl or woman client in so far as it is a factor in her attractiveness to men is always of prime importance. In this instance the bearing of the girl's height on treatment is not so clear. If, however, she is a girl likely to run away, the height would be relevant for police identification.

The man, who is small, pale, and thin, said that he had been working as a laborer.

The man in this instance was feeble-minded, therefore his underdeveloped body was of importance both as part of an industrial handicap and as one of the stigmata of defect.

Her dress, though patched and colorless, was clean.

Here is evidence of personal self-respect, an important trait in the social worker's eyes.

Furniture old but in good condition, worn-out square piano purchased for $5.00 years ago, elaborate silver candelabra, a recent gift from maternal uncle Joseph.

This points to family self-respect, a struggling for standards. They have taken care of their furniture and cherish the symbols of cultivation.

A girl of seventeen, the oldest daughter among a large family of children whose mother was feeble-minded and erratic, came into the office of a social agency to discuss the needs of her younger brothers and sisters. For several years she had faithfully and unquestioningly carried a premature responsibility in an ill-kept home. She entered the office "dressed in a pale pink silk, high-heeled slippers, her hair down over her ears (the extreme of fashion so far as her small means would allow), and in

the course of conversation she mentioned that she wanted to become a manicurist."

For one who would influence this girl, such a description is highly significant. The facts quoted which, taken by themselves, suggest "flyness," looked at in the light of her devotion to her family, indicate what are some of the better things she values in life. Bred in slackness, her effort at style and her wish to do manicuring represent a reaching toward what to her seem higher standards.

The following succession of sentences taken from the history of a fairly skilful artisan who had got into heavy debt through his drinking habits, seem to the writer to show facts that should be made to stand out in the record as having especial character significance.

From the investigation record:

The men working at the X——— have a great many good times together and seem to take debt as a matter of course. Man is rather proud of the financial difficulties which he has been through. (Interview with man.)

The men at the X——— are a sporting crowd inclined to drink and many of them have to let their wives collect their wages. (Interview with manager.)

He does not want to assign his wages to his wife as it "seems a kiddish thing to do." (Interview with man.)

He is very fond of his children and does not mean to spoil their chances for an education. He loves his wife and wishes that he might have work in the daytime so that he could go out with her instead of his companions at the X———. (Interview with man.)

From the treatment record one month later:

Man is straightforward in admitting that the fault has been entirely his, and is quite willing to let his wife manage his earnings hereafter. He does not try to gloss over his reasons for borrowing money, and tells Miss Y. frankly of having bought a watch on the instalment plan for the sake of pawning it.

Man is quite ill from the effects of the whiskey, and is thoroughly frightened. He has to have a certain amount every day to make him able to go to work.

He is willing to see a doctor but is not quite sure that he wants to give up drinking entirely. (Interviews with man.)

Two years later:

He thinks that in different work he would have less temptation, as the long night hours often make his head tired and he takes a drink hoping to improve his condition, and this starts one of his sprees. Is disinclined to change his work, however, as he sees no way of making as much money.

This man finally secured the same sort of work with a different firm and after that with occasional lapses showed marked improvement.

The above sentences are significant because they appear to point to the man's companions at the X——— as forming a public opinion for which he felt a regard, a crowd to whom debt and drink went with being one of the boys, a "good sport." Certain of Briggs' comic pictures have made familiar a higher grade of this general type. While of course it was this man's "personality" which led him to take up with such companions, yet once he had formed the connection, these men constituted a sort of moral sounding-board to exaggerate what was probably a native uncontrol and irresponsibility by justifying it. This means that anyone who wished to help such a man to a better ordered life would either have to induce him to separate from the crowd at the X———, as was done, or would have to make the attempt to modify the standards, the values, of the crowd as a whole.

Descriptive facts which show, as do those in this and in the three previous illustrations, the

client's ambitions, what he values, have an especial significance in that they point to group standards in the background. The things which a man values in life are those which a number of other persons—his crowd—values. As it was with the drinking man and his sporty fellow-workmen, so it was with the girl of seventeen and her friends. She got her idea of niceness either from her girl friends—a real social contact—or from novels, movies—an imaginative contact. The family who aimed to have a pretty parlor got this modest ambition from friends and relatives to whom that was an essential of self-respect, a sign that you are somebody; the woman who washed and patched her old clothes was reflecting and repeating the standards of her parents and of her friends. Such description is relevant because it characterizes the client by intimating the crowd to which he belongs—his social relationships; and by so doing it gives the social worker the key to influence over him.

Is it not, on the other hand, a misplacing of emphasis for social workers to strive in their record writing for "color" in the sense of vivid or

picturesque details of "human" interest? What prompts them to do so is doubtless the influence we are all under as readers of fiction—the influence of a literary preoccupation with character for character's sake. The fiction writer can abound in character detail because this gives not only to the central figures in his story their motivation but to the incidental figures their "truth to life." But the record writer has a more restricted concern. She is a specialist, reporting on such character facts as bear on specific maladjustments. Not picturesqueness but precision is what she should strive for; not amateur "portrayal" such as imputes a connection between full lips and warm emotions, close-set eyes and jealousy, erect carriage and pride, but professional interpretation, that chooses its words responsibly.

This does not mean that the record writer can get no help from her fiction reading. The real masters of character portrayal, such as John Galsworthy and Joseph Conrad, can sensitize her mind to the observation of subtle and significant traits, and at the same time enrich her

descriptive vocabulary. By learning the sources of their power, she will find that her efforts to individualize her clients in the particulars that count for treatment will incidentally achieve color and readableness in her narrative.

"Color" and concreteness.—In any attempt to make factors of personality more conspicuous in a record the social case worker needs to be on guard against merely labeling her client with adjectives of a general sort without giving the facts which point to the qualities described. For instance:

> Mary was winning, affectionate, obedient one day, the next capricious, impertinent.

What we need are a few illustrations of her obedience one day and of her rudeness the next, with the occasions on which she displayed such opposite behavior. Is there an explanation of her changeableness; did some special sort of treatment—abrupt speech or requests to do things she disliked—make her rude, or was her impertinence to be referred partly to some physical condition, fatigue or loss of sleep? In other words, we want

a picture of Mary responding to her social environment. To continue:

> She worked little either at school or at home. Yet I think people loved her.

These may be facts so far as they go. We should like to know her standing in school, and just what she did that made people love her in spite of constant indolence.

> She is not vicious and has an ease-loving nature.

The word "vicious" is applied by some people to a certain range of wrong acts and by others to the motives or the mental imagery that may be behind behavior. We need to know what sort of wrong acts or wrong thought the person interviewed means that this girl would not be guilty of. "Ease-loving nature" may mean mere laziness, or it may mean the desire for very comfortable conditions to work in.

The following is a description of a wayward boy:

> His actions are shocking and she (his mother) is constantly in fear he will get into trouble.

"Shocking" is a carelessly used word which tells nothing whatever on which any action, court or otherwise, could be taken. What were the boy's shocking acts? There might be a difference of opinion as to their seriousness.

The room was disorderly.

Why not say the dishes were unwashed on the table, the children's wraps lying on chairs, the saucepan on the floor, and so on?

She lacks judgment.

Why not say that having broken off the handle of the tin kettle, she brought hammer and nails to mend it? This says the same thing convincingly and, incidentally, with more "color."

She seems a nice little woman.

There must be at least fifty different kinds of nice little women.

She is a neat and clean-looking woman.

Important, so far as it goes. This woman probably had on a freshly laundered or well-brushed dress, or her hair was smooth and carefully ar-

ranged, her face and hands looked scrubbed. A safe rule for the case worker to follow is not to give general descriptive terms to more than she makes the reader see, through specific facts.

As we have already remarked, the social worker often uses the word "color" to mean not only the individualizing of a client but vividness in narration. This latter effect she sometimes aims to get by selecting direct quotations or little dramatic incidents to record.

Her husband owned a little plaster house of one room, with less floor space than there is in her present kitchen, "just right for husband and wife." There were no windows in this house and all the light and air came from the door.

The quoted phrase brings out this woman's contentment with small things.

Sept. 8, 1916. Miss Wimble (Clinton Dispensary) telephones that she fears that Mr. D. was mortally offended on his visit to the Dispensary on Sept. 2nd. The doctor who was on service there tries to make himself agreeable to his patients by jollying them along, and, expecting to make a great hit with Mr. D., greeted him with "What! not dead yet?" Miss Wimble met John and his father on their way out. Both looked pale and

frightened and said, "We no come no more." Miss Wimble wishes to have them assured that if they will come in again, they will not have to see that same facetious doctor.

This gives a more vivid picture than would the following bare statement:

Miss Wimble asks to have man and son John assured that if they will come to the Dispensary again they will not have to see the doctor who frightened them by jocosely expressing surprise to Mr. D. that he was still alive.

The latter, however, answers the purposes of treatment just as well and is shorter. It is a question whether, tempting as it is to repeat entertaining incidents, it may not distract the attention not only of the reader but of the case worker herself from the social problem before her. The worker needs to make sure that the incident to which she thus gives emphasis is one which throws a corresponding degree of light upon the problem under treatment. The incident above should certainly be recorded. The query is whether it is important enough to merit this picturesque but rather full account. While we thus

see the client responding to his social environment, it is a response which has but temporary significance for treatment.

If the revised entry were changed to read

> Miss Wimble asks to have man and son John assured that if they will come to the Dispensary again they will not have to see the doctor who frightened them by jocosely greeting Mr. D. with "What! not dead yet?"

the incident would be as dramatically recorded as its significance deserves.

A worker with keen sympathies may be led to break the thread of her narrative by telling of the cunning remark of a little girl about her experiences on country week, or the conscientiousness of a boy in insisting that his parents write a note to his teacher when he is absent from school, or a description of some odd Christmas present which a client made for the worker with his own hands. If these facts throw such light upon character as will make a difference in treating the client's difficulties they should be recorded; if not, then they may still be kept in a note book to serve in interesting a committee or as illustrations in an annual report.

As a student of her case the worker will of course see that the incidents and remarks she records are not so much those displaying character-*marks*, which stir approval or disapproval, as those displaying character-*forces*, which affect the client's response to treatment. It should be on record, for example, whether the client's energy seems constant or fitful, purposeful or chance-directed; whether his prevailing mood seems of an energizing kind—hopeful, cheery, and so on, or of a depressive kind—apprehensive, sullen; whether his attitude toward circumstances seems active and resistant or merely passive; whether in his social contacts he seems assertive, affable, conformative, suggestible, or aloof.*

To carry out the suggestions in the two foregoing chapters means considerable thought before dictating. This the worker can best insure by jotting down notes, in pencil if preferred, but with enough fullness to recall all she needs, im-

*The author has profited by an unpublished statement on this matter by Dr. Abraham Myerson, of the Boston City Hospital.

mediately after interviews, while the information is fresh in mind. The temporary sheets may be kept with the permanent record or, as in the case of one agency, in a loose-leaf alphabetized pasteboard folder. Then before dictating, at the end of a week, say, she goes over these notes in order to select for emphasis the most important facts and to omit or to place subordinately those of minor significance. This procedure enables her to cut out all data of ephemeral importance, such as the process of getting patients to hospitals, leaving them for a day book or separate sheet; sometimes to combine matter secured in two interviews into one entry; sometimes, if she wishes, to organize an investigation topically. Upon completing the dictation, she destroys the temporary sheets.

Although such a procedure takes more time than the usual unorganized dictation, with practice, its selection and analysis will become a habit and will be done readily. Moreover, on the ground of the time required, the objection is offset by the advantage expressed in the frequent remark, "It makes us *think* so much better."

The effort to distinguish between important and less important features conduces to an arrival with more certainty at the *meaning* or diagnosis of the facts, and hence to surer if not quicker treatment of the client's difficulty. The writer believes that if more workers were thinking in the directions she has tried to indicate in this book, they would bring about case treatment of so much greater effectiveness that the added time they spent upon analyses would be forgotten.

For workers accustomed to the old ways of keeping records, this careful selection and arrangement of facts at first comes hard. It undoubtedly costs an experienced person some effort to change her habits under daily pressure of work. Beginners, however, have the advantage of learning from the first to treat their records not as memoranda but as an expression of responsible thinking about their client's needs.

VII

THE WIDER IMPLICATIONS OF CASE RECORDING

THE range of thought canvassed by the social worker comprises concepts which she is engaged in focussing upon specific needs of her clients, but which, if she takes her work professionally, should draw her thought ever outwards in an endeavor to chart the field of social significance. These concepts, inevitably complex, she must clarify as to the factors which make them up, if she is to attain insight and perspective in envisaging her client's needs. Her mind, as it grows cognizant of recurring factors in the problems she thinks out, becomes sensitized in the presence of her clients to facts that carry treatment implications. When a worker now says that she finds it impossible to judge which of the facts secured in an interview she should record as likely to guide treatment, she unwittingly admits that her social concepts are unanalyzed and vague.

This state of mind is not necessarily to be imputed to the case worker's discredit. It means simply that her profession is one with much theoretical development ahead.

The client's social context a web of relationships. —The concepts which the worker should aim to clarify are first those of the various social relationships which a man or woman enters into in the course of his life; namely, relations with family, neighbors, fellow-workmen, fellow-members in associative bodies of one sort or another. What qualities of his character find play within each of these relationships? What sources of friction or disruption recur within each? What ideal values do each conserve? These questions, indeed, focus the primary concern of social case work. This has been to some extent recognized in our practice for many years. Take the illustration on p. 209. Any trained worker without giving thought would try to learn more about the relations of Mr. R., the drunkard, as husband and father, as fellow-employee, as citizen; and about the physically delicate Mrs. R.'s relation with her children. A worker, however, who had

been following the development of psychiatric social work and who was therefore equipped to get at a clearer conception of these relationships would conduct her inquiries in a much more searching way than would the former. That these social contacts constitute the worker's special field of interest is obscured by the fact that appeal for help from social agencies, as in the family cited above, is often made on the ground of economic or medical rather than social need. Lack of food or clothing or medical appliance—an inadequate income, in short—prolonged or frequent unemployment, the need of continued oversight of health, are not accurately describable as "social" wants. Nevertheless the case worker necessarily includes them as a part of her field of interest, since these disabilities bear a close and constant causal relation to needs that are social. An urgent need of food, for instance, means an un-normal relation between the client and the public, springing perhaps from a correspondingly disturbed family situation, as in widowhood or non-support. Prolonged or frequent unemployment affects both a man's relation to

the public and to his home (as with the R. family). The continued oversight of health, in itself medical care, may involve the modifying of a parent's or brother's or wife's attitude toward the patient or the patient's attitude toward employers or friends. In the case of many mental or nervous disorders, a psychoneurotic condition, for instance, although they are primarily medical problems, their social manifestations are so much a part of the disease that probably even the medical fraternity would be giving them scant attention were it not for these non-medical aspects. If a psychoneurotic or a mental defective were as good a husband, father, employee, companion, and citizen as a healthy-minded or an able man, his very identification as such would be gone. Indeed, it is apt to be the social inconvenience or interruption of sickness that brings any physical ill whatever to notice. Few would bother to go to the doctor if we could work and play and get along with other people just as well without, and an important part of the improvement in general health must come from the training of people to give early heed to what

might be termed the socio-medical symptoms of illness—disinclination toward effort, a lack of zest, development of irritability, and so on. In other words, whatever the ostensible reason for appeal, some maladjustment in one or another of the social relations is what brings most of the applications to children's and family agencies or to probation service; a maladjustment involving the inter-relation between health and one or more of a patient's social contacts is of course what brings applications to medical social service.

The worker's competence as interpreter of social relations.—The worker, then, to begin with, needs to have in her mind concepts as to what these different relations should be—a social philosophy, in short. It will make a difference in the advice she gives young girls and boys, for instance, whether she inclines to the patriarchal view as to a child's obligations toward parents, or whether she reasons that, as parents give life unasked and in pursuit of their own personal happiness, the obligation is mainly on their side. Again, her notion of the relation between the

individual citizen and the state will affect her action in the dispensing or in the procuring of outdoor relief for a client. Whether the visitor represents to a widow that the public aid she asks is her right, entailing only a return on her part in such a use of the money as will make for good citizenship in her children, or whether she makes the client feel that public relief is shameful, a last resort of despair, her attitude reflects a social philosophy none the less influential because it is applied piecemeal or because it has perhaps not been thought out by her to its conclusions. This is not to plead for rigid opinions on exceedingly complex questions. Reflective people will continue to hold varying views as to race ideals. The points to be emphasized here are, first, that social case workers cannot get and hence will not express in their records, a clear idea of a client's maladjusted relation without having already a conception in mind as to what constitute right social relationships; second, that they need to get these latter concepts sufficiently clear not to run the risk of promulgating by their action in regard to individual clients a conception

which, when expressed in general terms, they would repudiate, or vice versa. While the record is not the place for any direct expression of philosophy, indirectly it may disclose what are the worker's—or the supervisor's or committee's—social theories in any direction which would affect case treatment, and whether she has any consistent philosophy or is in a state of reflective confusion. That is, an acute person, reading a succession of full case histories written by the same worker would get the latter's "measure" from the course of treatment planned and pursued with regard to clients. It may be objected that one who has a positive social philosophy will not be an impartial observer or recorder; she will see things in the light of her theory. This risk we must take, since the alternative is pointless records springing from treatment which is directed hither and thither.

In addition to these more general concepts, the social case worker needs for her practical purpose certain supplementary knowledge of normal life; namely, the standard of living of families with a range of income from the lowest regular wage up

to, say, $60 per week. This would include not only those on the border of dependency or below it, but also, as a basis of comparison, those who are well above the need of financial help. By this we mean that the worker needs to know what people on these varying incomes can have and what they must do without; what sort of home life is possible for them; what deprivation in its various degrees means, not only in material comforts but in the energy and ambition required to keep a home up to a decent standard; what are the standards in different social groups below which people cannot drop without injury to a sentiment so important to character as self-respect; which of these latter standards are ethically false—make for pettiness—and which are socially beneficial. One could of course go on to include an understanding of the customs of different nationalities. Quite aside from its use in helping to determine questions of aid, this sort of knowledge is the necessary basis for tact in meeting different sorts of people. Tact in the social worker is not a matter of responsive emotion alone; it presupposes an understanding of

others' way of living, of their ambitions and ideals in what we often think of as small things. These small things, however,—good clothes for Sunday, say—in so far as they accord or clash with group standards, have an intimate bearing on self-respect and are therefore a significant factor in the social heritage of home standards.*

Social maladjustment the special field of case work.—After what we may call concepts of normal living, the history writer needs to get clear those of the various forms of maladjustment in social relations: non-support, juvenile delinquencies, unemployableness, parental neglect, and so on. The apparent simplicity of such maladjustments, the assumption of which has guided most of our social action in the past, analysis shows to be misleading. These concepts include pathological and economic as well as social factors, all of these factors bearing a causal relation to each other. The consequent complexity in cause and effect should prepare us to find them vague and even unreliable at important points.

*For the application of this to record keeping see Chapter VI, p. 188.

Vagueness appears, for instance, in "unemployableness." This latter condition may be due to a man's lack of adaptability in getting along with other people, to slight stamina—physical or nervous—to industrial displacement late in life springing from a change in machinery, or, what is more likely, to the simultaneous action and interaction of these factors or of some other set of factors of a medical, economic, and social sort. Such an interplay of factors appears in the following case:

Aug. 12, 1915. Mrs. R. to office with Michael. Says she has done everything she could to make her husband better. She had him sent to jail a year or two ago for six months, and at that time he kept away from liquor for over a year. He is now on probation in the Third District Court. A little over two weeks ago he deserted her, because, as she thinks, he knows that he probably will be sent to the Farm Colony. She has become absolutely discouraged. He is a bricklayer; belongs to the Bricklayers' Union on Frances St. Can earn $60 a week. Secretary of the Union told him that it was only for her sake he had kept him a member of the union so long.

Mrs. R. is not strong; has had two operations, four years apart, the last at the Sanders Hospital. Would be

glad to work if she could, but whenever she tries it, breaks down. Tried last summer at the candy factory, but had to give it up at the end of two weeks.

Has lived in present house about five months and always paid the rent. Now a month's rent is due and they are starting in on the second month.

We could call this a case of desertion, of non-support, of alcoholism, or of unemployability, according to the factor which seemed to be most operative. Any one of these factors could be regarded as either a cause or effect of any other. The desertion, a social fact, has influenced the income, an economic: alcoholism, a pathological fact, influences employability, which latter may count in desertion. Whether this man can be accurately described as unemployable we do not know, because we have no adequate definition, or in other words, no clear conception of what is involved in being "unemployable." If he is to be so regarded, the worker needs to learn and record a number of new facts, but what all of them are one cannot yet say. Apparently we have overrated the relative importance of the intellectual endowment as compared with temperamental or

social qualities entering into employability or as compared with the effect of environment and training. What are the qualities and circumstances which taken together make for occupational failure in one man or success in another we know only in a general and superficial way, as our case histories testify.

The family as a focus of maladjustments.—That one of the social relationships in which a serious disturbance most frequently comes to the notice of social workers and in which sooner or later all maladjusting factors are likely to converge is the family. The reason for such convergence is that the sentiment of family love, having for its great end the perpetuation of the race and of its ideals, necessitates a considerable variety of outside contacts on the part of parents and children in order that this end may be realized.* School,

*"Do we not discern that a part of the system of every great sentiment must be a social effect outside of the individual in which it has developed. . . . The organization of such a system in the mind, body, and behaviour of the agent . . . would be rendered ineffectual but for that contributory part which is organized in other human beings and in social institutions. For there is

church, recreation, employment, benefit societies, trade unions, or social clubs—each serves the purposes of family life in some respect valuable to the race. On the other hand, the happiness or chagrin one meets in his other relationships is enhanced or mitigated by its effect on wife and children. Part of a man's reward for faithful labor is the delight of telling his family of a raise in pay, and of seeing about him the increased home comfort that evidences success; part of his mortification at being blackballed by his club is the effect it will have upon his children's standing and upon their esteem for him. Even the merely undeveloped sense of his relation to the state on the part of the citizen who sells his vote, bribes an official, or makes a fortune out of a national peril, will color his training of his offspring. So far as the social worker is concerned, subtle forms of maladjusted relation, like these

little that a man can do apart from others, and all his great ends require their co-operation. The ambition of a Napoleon obliges Europe to become organized in his system, and there to accept the part which his tyranny imposes upon it." Shand, Alexander F.: The Foundations of Character, p. 123. Macmillan, 1914.

last, would not show conspicuously enough in the home life to be detected in any reasonable amount of time, and their existence must be learned, if at all, through a direct study of the relationship in question. The gross maladjustments, however, with which the social worker ordinarily deals are either within the home life itself, as non-support, desertion, incompetent home-making, neglect of children; or else affect it unmistakably, as in the case of sex irregularity, unemployability, truancy, crime.

Since on the one side family life is enriched by the outside contacts of its members, and on the other side the individuality of each member is developed by having a number and variety of such relationships to choose from and respond to, then it follows that by studying what are a client's points of contact with his family and with his fellows, by noting the mutual responsibilities these contacts entail and observing how he fulfils his part, and by comparing the contacts he actually makes with those his surroundings give him the opportunity to make, one will obtain a working estimate of his individual char-

acter and of any maladjustments in his social relationships.* Take for example, Mr. X.—

He married young and has a large family of children, gives his unbroken envelope each week to his wife, is insured in her favor, does regularly considerable marketing for her, and does it well, has taken liquor rarely, and never before his children, goes out evenings only occasionally, and then with his wife to chaperone the daughters; he has spent most of his working life with one firm, and after joining the union left it because he could get a better wage from these same employers than the maximum union requirement, and because the union wouldn't stand for the extremely long hours without overtime pay he puts up with; he nevertheless pays another man to take his place at work Sundays so that he may have a quiet day for church and for enjoying his family; he handles horses so well that they outlast those his fellow-workmen drive, and he is entrusted with the training of

*"Yet defects of the method of observation as applied to the knowledge of character are plainly apparent. For all that strictly we can know of a man whom we know only by observation is that his character is that from which his conduct proceeds—his conduct that seems so fully to characterize him. His character is the sum of unknown forces or tendencies which are the source of his conduct. But what these are in themselves, how they operate, how they are related together, and how they develop and decay, of all this we know nothing." Shand, Alexander F.: *Opus cit.*, p. 95.

new horses. He attends church regularly with his wife and children, and put some of his earnings into a liberty bond only because his clergyman preached strongly such patriotic action.

A history which should give these facts about Mr. X. in his social relations would hardly need to include the contented comment of his wife that he is "all for his family," in order to show what is the dominant sentiment in his life. His love for his family is his first idea and feeling, coloring his behavior toward his work, his church, his union, and even his country. Patriotism, and allegiance to the union both meant less money for his children; the endurance of hard conditions of work, more; faithfulness to church represents his ideal for them. A man of less singleness of interest than this one would be torn between the conflicting claims of family and fellow-workmen, while the parent whose dominant sentiment was public spirit would even subordinate the claims of his home to his loyalty to the union. To a greater or less degree and in different ways varying with the individual, family sentiment tinges the sentiments embodied in all outside contacts.

Sometimes the influence of family sentiment is deliberate: anxious parents guide their children's companionships and do all in their power to give them such perceptions and feelings toward other people, together with such ideals as will establish them in an advantageous social setting. At other times it is unconscious: negligent or unwise parents have as far-reaching an influence as the devoted and wise, although an influence whose course it is often harder to trace. The effect which children may have in coloring all of their parents' social relationships is evidenced by the illustration of Mr. X.

In contrast, look at the life of Mr. Y.*—

He also married young, but it was a forced marriage. He also had a number of children. From the first, however, he never supported his family, having to be helped out constantly by relatives. Even when his family were in need he dressed well on the excuse that he could not get or keep work without good clothes. He is extremely jealous of his wife, who upbraids him for not working but sticks to him in spite of the remonstrances of her own kin. When in liquor he talks coarsely before the children. On the other hand, he has never been actively abusive to

*See Diagnostic Summary, p. 169.

wife or children. He has lost job after job because he refuses to take orders, preferring to be the boss himself, and later in life because he became a heavy drinker. Although "when he chooses" he can do well for a time at work like that of traveling salesman, he does not stick even at that. He has all along been dishonest in rather small ways, at one time signing an acquaintance's name to a check for $2.00, and has served short sentences for these offenses.

Scant as are these facts, they are enough to show that this man's maladjustment appears in his social contacts with employers, relatives, the state, that it focusses upon his family, and that it includes questions of character and mentality. So far as one can judge, he has no dominant sentiment or sentiments. His mental life appears to be adrift. It is significant that one feels in this instance more than in the first that many additional facts are necessary for forming a judgment. This may be because in such a case the first step in treatment which occurs to the social case worker—a psychiatric examination—may lead to a drastic recommendation as regards his fitness for self-direction.

The interpreting of personality by its response

to social environment shows to but a slight extent as yet in social case histories. Although investigation in modern agencies takes cognizance of the client's social contacts: with family, relatives, employers, landlords, friends, and so on, the knowledge of character recorded is usually of a surface description, unpenetrating.* To be sure our observations may seem sufficient for our practical purposes. But as time goes on our practical purposes must be expected to spring from more scientific conceptions of the nature of social maladjustment. The advance of knowledge in our field entails on the one hand a less simple idea of character than that which gets recorded in mere enumerations of traits. We must recognize it as a system of forces in which

*"For as with those whom we are asked to employ, we want to know first whether they are honest, sober, industrious, and understand the work they profess to do; so we expect to be helped by knowing something of those with whom we are likely to be brought into contact. But such lists of qualities do not tell us anything of their inner connection, and to what limitations they are subject, and what are the chief systems of the mind which elicit, develop, and organize them, whilst allowing other qualities to perish." Shand, Alexander F.: *Opus cit.*, p. 26.

primary instincts are wrought upon by impulses deriving from man's innate social sensitiveness, so that a client's adjustment, from a "moral" point of view, is to be sought in part in motivations of which the client is unconscious. Our growing knowledge entails on the other hand a view of the social environment as something less external to the personality involved in it. Its claims operate as strong suggestions within a socialized mind. The case worker, therefore, will be increasingly an expert engaged in mobilizing remedial influences by establishing relationships in her client's life: relationships that energize salutary motives among all the related parties. To this end she needs identified types of conduct and situation in order to focus upon correctly ascertained motives the influences at her control. She will accordingly so write her case histories as to clarify her own social concepts and to leave documents contributing something to the integrated insight of social science.

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